

IMPORTANT UPDATES:

Updates to the Rules, Regulations and Application Guidelines (Effective 1/21/2001) for the Mental Health (MH) and Intellectual and Developmental Disabilities (IDD) (formerly Mental Retardation) Therapist Programs:

- **In January 2009, several changes were made to the MH and IDD Therapist credentialing programs which are not reflected in the current (attached) Rules, Regulations and Application Guidelines for the Mental Health Therapist Program (Effective 1/21/2001) document. A summary of these changes is as follows:**
 - Beginning January 1, 2009, the licensure level was discontinued for the MH and IDD (formerly MR) Therapist credentialing programs; currently, there is only a provisional level and a full certification level. Individuals who obtained the licensure level prior to its discontinuance may continue to hold this level of credentialing as long as renewal requirements are met.
 - Beginning January 1, 2009, the MH and IDD (formerly MR) Therapist credentialing programs now require passing only one self-study examination (rather than three modules and corresponding written exams) to progress from provisional to full certification. (MH and IDD Exam Information can be found on the "PLACE" page of the DMH website: www.dmh.ms.gov).
 - Beginning January 1, 2009, applicants are no longer charged an application fee to apply to **upgrade** from provisional to full certification. The application fee is still in effect for provisional applications.
 - Beginning January 1, 2009, applicants are no longer required to submit continuing education hours to **upgrade** from provisional to full certification; however, continuing education hours are still required for certification renewal.

Other Changes:

- **In July 2007, the following change was made to the MH and IDD Therapist credentialing programs which is not reflected in the current (attached) Rules, Regulations and Application Guidelines for the Mental Health Therapist Program (Effective 1/21/2001) document. A summary of this change is as follows:**
 - The Professional Licensure and Certification (PLACE) Review Board membership was increased to seven members.
- **In April 2008, the following changes were made to the MH and IDD Therapist credentialing programs which are not reflected in the current (attached) Rules, Regulations and Application Guidelines for the Mental Health Therapist Program (Effective 1/21/2001) document. A summary of these changes is as follows:**
 - **Renewal continuing education (CE) hours are not reported at the time of renewal.** Instead, the DMH Division of Professional Licensure and Certification (PLACE) determines compliance with the renewal continuing education (CE) requirement through an audit of randomly-selected renewed individuals. More specific information on renewal is included in the current year's renewal notice.
 - The **Renewal** Verification of Employment Form is no longer required of every renewing individual; this form is only submitted with an individual's renewal packet IF the renewing individual's place of employment has changed. More specific information on renewal is included in the current year's renewal notice.

➤ In January 2013, the following change was made to the MH and IDD Therapist credentialing programs which is not reflected in the current (attached) *Rules, Regulations and Application Guidelines for the Mental Health Therapist Program (Effective 1/21/2001)* document. A summary of this change is as follows:

- Beginning January 1, 2013, renewing individuals in **INACTIVE** status are **NO LONGER REQUIRED** to pay the renewal fee. However, individuals renewing in INACTIVE status must still report the required number/type of CEs to renew.



MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH THERAPIST CERTIFICATION AND LICENSURE

**Rules, Regulations and Application Guidelines
For The Mental Health Therapist Program**

Including:

**Provisionally Certified Mental Health Therapist (PCMHT)
Certified Mental Health Therapist (CMHT)
Licensed Clinical Mental Health Therapist (LCMHT)**

DEPARTMENT OF MENTAL HEALTH

State of Mississippi



RULES, REGULATIONS AND APPLICATION GUIDELINES FOR THE MENTAL HEALTH THERAPIST PROGRAM

Including:
Provisionally Certified Mental Health Therapist (PCMHT)
Certified Mental Health Therapist (CMHT)
Licensed Clinical Mental Health Therapist (LCMHT)

Division of Professional Licensure and Certification
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
(601) 359-1288
FAX (601) 359-6295

Effective 1/21/2001

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CHAPTER 1

General Provisions

Section 1: Statutory Authority

Statutory Authority for the certification/licensure of Mental Health Therapists was granted in 1996 by the State Legislature. Section 41-4-7 of the *Mississippi Code of 1972, Annotated* was amended to include a provision authorizing the State Board of Mental Health to certify/license case managers, mental health therapists, mental retardation therapists, and others as deemed appropriate by the Mississippi State Board of Mental Health. In 1997, authority was expanded to include the certification/licensure of mental health/mental retardation program administrators and addiction counselors.

Section 2: Non-Discrimination

The Mississippi Department of Mental Health does not discriminate against any applicant, provisional certificent, certificent or licensee because of race, color, creed, sex, religion, national origin, age, disability, or political affiliation. The Department of Mental Health promotes non-discriminatory practices and procedures in all phases of state service personnel administration, as well as in programs funded or certified/licensed by the Mississippi Department of Mental Health.

Section 3: Americans With Disabilities Act

The Department of Mental Health complies with all aspects of the Americans with Disabilities Act of 1990. If requested, special accommodations to aid in the completion of forms or in the completion of examinations will be provided.

Section 4: Purpose

The purpose of these rules shall be to develop procedures and establish requirements for:

- A. Establishment of a Professional Licensure and Certification Review Board, selection of Review Board members, establishment of

rules and procedures for Review Board meetings;

- B. Standards and qualifications requisite in the issuance of professional certification/licensure in the three identified categories;
- C. Evaluation of qualifications of individuals applying for professional certification/licensure;
- D. Issuance and renewal of professional certification/licensure to qualified persons;
- E. Setting fees necessary for the administration of the professional certification/licensure program; and,
- F. Establishing criteria for disciplinary actions against provisional certificants, certificants and licensees.

Section 5: Definitions

- A. Applicant: An individual who has submitted a complete application packet for either provisional certification, certification or licensure.
- B. Approved Educational Institution: An institution offering a graduate degree, which is accredited by a regional accrediting body.
- C. Board: The Mississippi State Board of Mental Health.
- D. Certificant: An individual who holds full certification as a Certified Mental Health Therapist (CMHT).
- E. Certificate: The issued document attesting to an individual's provisional certification, certification or licensure.
- F. Certification/Licensure: Refers to the professional certification/licensure of an individual, not a program.
- G. Certification/Licensure Period: The two-year period of time an individual holds either full

- certification or licensure. The dates of the two-year period are established by the Division of Professional Licensure and Certification. At the end of the Certification/Licensure Period, each certificant and licensee is expected to renew. See Chapter 4, Section 6, C., pp. 27-28 and Chapter 5, Section 1, A., p. 29 for more information on the Certification/Licensure Period.
- H. Certified Mental Health Therapist (CMHT): An individual who provides direct services to individuals with mental illness/emotional disturbance or who supervises the direct provision of such services and who meets all requirements for Certified Mental Health Therapist as defined by the certification process described in Chapter 3, Section 3, pp. 10-11 and Chapter 4, Section 3, pp. 24-25.
 - I. Contact Hours: The unit of measurement that is used to designate participation in an educational/training program designed to increase the professional proficiency of an individual holding Department of Mental Health professional certification/licensure. One Contact Hour will consist of a minimum of 50 consecutive minutes.
 - J. Credential: A general term referring to professional certification or licensure of an individual.
 - K. Division: The Department of Mental Health Division of Professional Licensure and Certification.
 - L. DMH: The Mississippi State Department of Mental Health.
 - M. Examination: The written test which is given at the conclusion of each required Module. See Chapter 3, Section 6, E., p. 14 for more information on examinations.
 - N. Executive Director: The Executive Director of the Mississippi State Department of Mental Health.
 - O. Licensed Clinical Mental Health Therapist (LCMHT): An individual who provides direct services to individuals with mental illness/emotional disturbance or who supervises the direct provision of such services and who meets all requirements for Licensed Clinical Mental Health Therapist as defined by the licensing process described in Chapter 3, Section 4, pp. 11-12 and Chapter 4, Section 4, pp. 25-26.
 - P. Licensee: An individual who holds licensure as a Licensed Clinical Mental Health Therapist (LCMHT).
 - Q. Mental Health Core Training Program: A training program comprised of three (3) Modules which must be successfully completed during the maximum twenty-four (24) months of provisional certification (PCMHT). MH-CTP is the acronym used for the program. See Chapter 3, Section 6, pp. 13-15 for more information on the MH-CTP.
 - R. Module: One (1) of three (3) training workshops comprising the Mental Health Core Training Program (MH-CTP).
 - S. Provisional Certificant: An individual who holds provisional certification as a Provisionally Certified Mental Health Therapist (PCMHT).
 - T. Provisional Certification Period: The period of time an individual holds provisional certification. This period begins on the day provisional certification was issued and can last for a maximum of 24 consecutive months. By the end of the Provisional Certification Period, a provisional certificant is expected to apply for an upgrade. See Chapter 3, Section 2, B. and E., pp. 8-10 for more information on the Provisional Certification Period.
 - U. Provisionally Certified Mental Health Therapist (PCMHT): An individual who provides direct services to individuals with mental illness/emotional disturbance or who supervises the direct provision of such

services and who meets all requirements for Provisionally Certified Mental Health Therapist as defined by the certification process described in Chapter 3, Section 2, pp. 8-10 and Chapter 4, Section 2, pp. 23-24.

- V. Review Board: The Professional Licensure and Certification Review Board.
- W. Staff Development Officer: Professional employee of a program as described in Chapter 3, Section 1, C., p. 7 responsible for maintaining staff development records and verifying ongoing inservice/training for both initial and renewal applicants. SDO is the acronym used for this person. See Chapter 4, Section 1, H., pp. 22-23 and Chapter 5, Section 7, p. 35 for more information on the role of the SDO.
- X. State Mental Health System: The network of programs within the State of Mississippi which receive funding or programmatic certification from the Mississippi Department of Mental Health. See Chapter 3, Section 1, C., p. 7 for a description of the state mental health system.
- Y. Supervisor: A DMH certified/licensed professional or a DMH certification/licensure-eligible professional who directly oversees the work of an applicant for professional certification/licensure. See Chapter 3, Section 5, A., p. 12 for more information on Supervisor qualifications.
- Z. Upgrade: The concept of moving up from one level of professional credential to another within the DMH Mental Health Therapist Program. There are three (3) types of upgrade possible:
- PCMHT to CMHT;
 - PCMHT to LCMHT; and,
 - CMHT to LCMHT.
- In addition, upgrading is intended to streamline the application process and eliminate unnecessary duplication of previously submitted information. More information on upgrading can be found throughout Chapter 3, pp. 7-18; Chapter 4,

pp. 19-28 and Chapter 5, pp. 29-35.

- AA. Upgrade Option: The choice made by a CMHT to submit an application to upgrade to LCMHT at the time of renewal rather than renew certification. Specific requirements and timelines are applicable to this choice. See Chapter 5, Section 1, E., p. 30 for more information on the Upgrade Option.

CHAPTER 2

Organization

Section 1: Division of Professional Licensure and Certification (Division)

- A. Pursuant to 1996 Legislative action, the Mississippi Department of Mental Health (DMH) established the Division.
- B. The Division is responsible for the development and implementation of DMH professional certification and licensure programs required by 1996 and subsequent Legislative action.
- C. The Division is responsible for the acceptance and processing of applications for professional certification and licensure.
- D. The Division will be responsible for the interpretation of all rules pertaining to professional certification/licensure and this interpretation will be considered binding on all applicants.
- E. Information, opinions, and recommendations made by the Division to the State Board of Mental Health will not be considered binding on the Board if Board action is required.

Section 2: Professional Licensure and Certification Review Board (Review Board)

A. Composition and Appointment

- (1) The Review Board shall be composed of five members. Through June 30, 1998, the Review Board shall be comprised of Department of Mental Health staff appointed by the Executive Director. Beginning July 1, 1998, the Review Board shall be comprised of DMH - certified/licensed individuals in good standing, one of whom must also be a DMH central office staff representative.

- (2) Beginning July 1, 1998, the term of office of Review Board members will be five (5) years. However, the term of office for initial Review Board appointees will be staggered in annual increments.

- (3) A nomination list for appointment to the Review Board will be generated by the Division and the current Review Board for presentation to the Executive Director of the Department of Mental Health for consideration. Nominees to the Review Board must be DMH certificants or licensees in good standing. From the nomination list, the Executive Director of the Department of Mental Health will appoint members to the Review Board.

- (4) A Chairperson shall be chosen by the Review Board from among its members. The term of office of the Chairperson shall be for one year. Other functions/responsibilities shall be assigned to other Review Board members by the Chairperson as needed.

B. Purpose and Meetings

- (1) The Review Board shall meet for the primary purpose of reviewing initial, upgrade and renewal applications for DMH professional certification/licensure, including those for Provisionally Certified Mental Health Therapist, Certified Mental Health Therapist and Licensed Clinical Mental Health Therapist, and making recommendations to the Executive Director regarding the awarding of certification/licensure.
- (2) The Review Board shall also have the power to deny initial, upgrade and renewal applications for DMH professional certification/licensure, to investigate complaints, and to conduct disciplinary hearings and impose sanctions, if necessary.

- (3) In addition, the Review Board shall have the power to receive and make decisions regarding requests for "Extended," "Inactive," "Relinquished," "Retired" and "Surrendered" status. The Review Board may verify the circumstances surrounding these requests. See Chapter 3, Section 7, pp. 15-18 for more information on status categories.
 - (4) Decisions of the Review Board relating to either the denial of professional certification/licensure application or disciplinary action may be appealed. See Chapter 4, Section 8, p. 28 and Chapter 8, Section 5, p. 46.
 - (5) The Review Board shall meet at least quarterly at a time and place determined by the Review Board, and at such other times as requested by the Division. Meetings may be called by the Division or Chairperson with ten (10) days notice. The requirement of a 10-day advance notice may be waived by agreement of a majority of the Review Board.
 - (6) The quorum for a meeting shall be a majority of the Review Board. If a quorum is not present, the meeting shall be adjourned until a date designated by the Chairperson or Division.
 - (7) The Review Board shall review only complete applications.
- C. Removal of Review Board Members
- (1) A Review Board member may be removed from office if found to be in violation of any of the rules and/or regulations contained herein.
 - (2) A Review Board member may be removed from office if his/her certification or licensure is no longer in good standing.
 - (3) A Review Board member must disqualify himself/herself from any Review Board business on which he/she may not make an objective evaluation and/or decision.
 - (4) A Review Board member subject to disciplinary action, as defined in Chapter 8, pp. 44-46, shall disqualify himself/herself from any Review Board business until the complaint is resolved.
 - (5) Absence of a Review Board member from three consecutive meetings of the Review Board may constitute grounds for removal from office.
 - (6) Action by either the Executive Director of the Department of Mental Health or a majority of the Review Board members with the approval of the Executive Director is necessary to remove a Review Board member from office.
- Section 3: Executive Director of the Department of Mental Health (Executive Director)**
- A. The Executive Director, or his designee, shall appoint members to the Review Board.
 - B. The Executive Director, or his designee, shall review and approve/disapprove Review Board recommendations to award professional certification/licensure to individual applicants.
 - C. The Executive Director, or his designee, shall review and make decisions regarding Review Board actions relating to denial of professional certification/licensure if appealed by the applicant, provisional certificant, certificant or licensee or the imposition of sanctions if appealed by the, provisional certificant, certificant or licensee. See Chapter 4, Section 8, p. 28 and Chapter 8, Section 5, p. 46.
- Section 4: State Board of Mental Health (Board)**
- A. During the administrative appeal process, an applicant may appeal the decision of the Executive Director to the State Board of Mental Health. See Chapter 4, Section 8, p. 28.

- B. During the disciplinary appeal process, a provisional certificant, certificant or licensee may appeal the decision of the Executive Director to the State Board of Mental Health. See Chapter 8, Section 5, p. 46.

CHAPTER 3

Professional Certification and Licensure Requirements

Section 1: General Provisions

A. Levels of Credentialing

Within the Mental Health Therapist Certification and Licensure Program, the Mississippi Department of Mental Health (DMH) offers three levels of credentialing for persons providing direct services to individuals with mental illness/emotional disturbances or supervising the direct provision of such services. These levels are:

- (1) Provisionally Certified Mental Health Therapist (PCMHT) - (See Chapter 3, Section 2, pp. 8-10);
- (2) Certified Mental Health Therapist (CMHT) - (See Chapter 3, Section 3, pp. 10-11); and
- (3) Licensed Clinical Mental Health Therapist (LCMHT) - (See Chapter 3, Section 4, pp. 11-12).

B. Provisional Certification

Beginning July 1, 1999, all individuals submitting applications for the Mental Health Therapist program will be expected to apply for provisional certification (PCMHT) and to meet all current requirements of the Mental Health Therapist program. After successful completion of all requirements, individuals may then apply to upgrade their credentials to either full certification (CMHT) or licensure (LCMHT).

C. Employment in the State Mental Health System

The professional certification/licensure issued by the Mississippi Department of

Mental Health is designed primarily for those individuals who are not already professionally certified/licensed and who are employed within the state mental health system. The state mental health system is comprised of the following programs which are governed by the Mississippi Board of Mental Health:

- (1) programs which receive funding from the Mississippi Department of Mental Health;
- (2) programs which are certified/licensed by the Mississippi Department of Mental Health;
- (3) programs which are administered by the Mississippi Department of Mental Health; or,
- (4) programs that provide services to persons with mental illness/emotional disturbances which are designated by the Mississippi Legislature to require certification/licensure.

D. Programmatic Licensure with the Mississippi Department of Health

Persons employed by programs primarily providing services to individuals with mental illness/emotional disturbance which are licensed by the Mississippi Department of Health in addition to Department of Mental Health programmatic certification may be issued professional certification/licensure, if requested.

E. Other Professional Credentials

- (1) Individuals who hold professional certification or licensure in another discipline are not required to hold DMH professional certification/licensure as a requisite for employment in programs as described in Chapter 3, Section 1, C., p. 7.
- (2) DMH professional certification/licensure does not exempt an individual from any

other professional licensure required by state law.

- (3) Lack of DMH professional certification/ licensure does not impede the activities or services of an individual professionally licensed under state law.
- (4) A professionally certified/licensed individual who is exempt from DMH professional certification/licensure but chooses to obtain DMH professional certification/licensure is subject to the same rules and regulations as other provisional certificants, certificants and licensees.
- (5) Revocation for cause of any professional certification/licensure may result in disciplinary action and/or revocation by the DMH.

F. Voluntary

Mississippi Department of Mental Health professional certification/licensure shall not be required and shall be on a voluntary basis.

Section 2: Requirements for Provisionally Certified Mental Health Therapist (PCMHT)

A. Target Population

- (1) Provisional certification is primarily for those employees who have less than two years of experience in the field of mental health within the State of Mississippi. This applies equally to professionals new to the field of mental health and to experienced individuals from other states seeking employment in Mississippi. Provisional certification is also for those employees with two or more years of experience in the field of mental health within the State of Mississippi who did not obtain professional certification/ licensure during the grandfathering period.

- (2) The following professions may be included in this provisional certification: Psychology, Nursing, Counseling, Psychometry, Vocational Rehabilitation, Special Education and other related fields.

B. Purpose and Time Limit

- (1) Provisional certification is designed to allow an individual to be credentialed while pursuing full certification or licensure and is valid for up to two (2) years (twenty-four [24] consecutive months), during which time the individual shall complete all requirements to upgrade to either full certification (CMHT) or licensure (LCMHT). This maximum 24 month period is called the Provisional Certification Period.
- (2) The Provisional Certification Period begins on the day provisional certification is issued and can last for a maximum of 24 consecutive months. By the end of the Provisional Certification Period, a provisional certificant is expected to apply for an upgrade.
- (3) An individual may apply to upgrade his/her credential to either full certification (CMHT) or licensure (LCMHT) in less than twenty-four (24) consecutive months, but he/she must fully complete the requirements of the Provisional Certification Period. See Chapter 3, Section 2, E., pp. 9-10 for more information on the Provisional Certification Period.
- (4) Provisional certification is not renewable. However, upon written request, the Review Board may grant an extension of provisional certification. See Chapter 3, Section 7, B., (2), p. 15 for more information on Extended status.

C. Requirements for Initial Application Eligibility

To be eligible to apply for provisional certification (PCMHT), each individual must meet the following requirements:

- (1) Employment: Be employed in a program described in Chapter 3, Section 1, C., p. 7;
- (2) Education: Have at least thirty (30) semester hours of applicable graduate-level course work from an approved educational institution which includes a minimum of a master's degree in mental health or a related field; and,
- (3) Experience: There is no experience requirement to apply for provisional certification.

However, applicants for provisional certification who have applicable work experience may submit it as part of their application for provisional certification. Verification of Experience Forms submitted as part of an application packet for PCMHT will be processed and held in the individual's file until the individual applies to upgrade to full certification (CMHT) or licensure (LCMHT). See Chapter 3, Section 2, E., (1), p. 9 for more information on experience expectations during the Provisional Certification Period.

D. To Apply

To apply for provisional certification (PCMHT), refer to Chapter 4, Sections 1 and 2, pp. 19-24.

E. During the Provisional Certification Period

Once an individual has obtained provisional certification, the individual shall work toward either full certification (CMHT) or licensure (LCMHT) by completing the requirements listed below. During the Provisional Certification Period, each

individual shall complete the following:

- (1) Experience Requirement: Work under the supervision of a qualified supervisor for two (2) years in the state of Mississippi.

The maximum two (2) years of experience in Mississippi obtained during the Provisional Certification Period will satisfy the entire experience requirement for full certification (CMHT). In addition, these two (2) years of experience in Mississippi may be applied to the total four (4) years of experience required for licensure (LCMHT).

If the individual submitted applicable work experience when applying for provisional certification, he/she only needs to complete the balance of applicable work experience necessary to total the required two (2) years for certification (CMHT) or four (4) years for licensure (LCMHT).

Applicable work experience gained during the Provisional Certification Period should be included in the upgrade application packet submitted when applying to upgrade to either CMHT or LCMHT. See Chapter 4, Section 1, E. and F., pp. 20-21 for more information on reporting experience. See Chapter 4, Section 3 and Section 4, pp. 24-26 for more information on submitting an upgrade application.

- (2) Ongoing Inservice/Training Requirement: Accrue a minimum of thirty (30) Contact Hours of successfully completed inservice/training (approximately fifteen [15] Contact Hours per year) as verified by the program's designated Staff Development Officer.

These Contact Hours may be accrued through staff development training provided through the individual's place

of employment (including DMH-required training as indicated in the Minimum Standards for Community Mental Health/Mental Retardation Services), DMH-sponsored training opportunities (with the exception of the MH-CTP Modules in (3) below), or conferences/workshops/CEUs/etc., approved by the Division.

Priorities for training should be sessions required for programmatic compliance with DMH Minimum Standards and DMH-sponsored training events related to the provision of services to individuals with mental illness/emotional disturbance.

Contact Hours of inservice/training accrued during the Provisional Certification Period should be included in the upgrade application packet submitted when applying to upgrade to either CMHT or LCMHT. See Chapter 4, Section 1, G. and H., pp. 21-23 for more information on reporting inservice/training. See Chapter 4, Section 3 and Section 4, pp. 24-26 for more information on submitting an upgrade application.

- (3) Mental Health Core Training Program (MH-CTP) Requirement: Successfully complete all three (3) Modules of the MH-CTP. The MH-CTP consists of three (3) training workshops and corresponding written examinations developed by/under the direction of the Mississippi Department of Mental Health for the purpose of providing all Mental Health Therapists statewide with the same foundation of knowledge. Please see Chapter 3, Section 6, pp. 13-15 for more information on the MH-CTP and written examinations. See Chapter 4, Section 1, I, p. 23 for more information on reporting participation in the MH-CTP. See Chapter 6, Section 1, pp. 36-37 and Section 3, p. 37 for information on related fees.

- (4) An individual who fails to complete all requirements during the Provisional Certification Period will be considered to have Defaulted. See Chapter 3, Section 7, B., (3), pp. 15-16 for more information on Defaulted status.

Section 3: Requirements for Certified Mental Health Therapist (CMHT)

A. Target Population

- (1) Full certification is for those employees who have two or more years of experience in the field of mental health within the State of Mississippi. Individuals applying for Certified Mental Health Therapist (CMHT) will be those employees who hold provisional certification as a Provisionally Certified Mental Health Therapist (PCMHT) and have completed the requirements to upgrade to full certification.
- (2) The following professions may be included in this certification: Psychology, Nursing, Counseling, Psychometry, Vocational Rehabilitation, Special Education and other related fields.

B. Requirements for Upgrade Application Eligibility

To be eligible to upgrade to full certification (CMHT), each individual must meet the following requirements, which include the completion of all Provisional Certification Period requirements. See Chapter 3, Section 2, E., pp. 9-10 for more information on requirements to be completed during the Provisional Certification Period.

- (1) Employment: Be employed in a program described in Chapter 3, Section 1, C., p. 7;

- (2) Education: Have at least thirty (30) semester hours of applicable graduate-level course work from an approved educational institution which includes a minimum of a master's degree in mental health or a related field;
- (3) Experience: Have at least two years of supervised experience in the field of mental health in the State of Mississippi;
- (4) Ongoing Inservice/Training: During the Provisional Certification Period, accrue a minimum of thirty (30) Contact Hours of successfully completed inservice/training (approximately fifteen [15] Contact Hours per year) as verified by the program's designated Staff Development Officer.
- (5) Mental Health Core Training Program (MH-CTP): Successful completion of all three (3) Modules of the MH-CTP.

C. To Apply

To apply to upgrade to full certification (CMHT), refer to Chapter 4, Section 1, pp. 19-23 and Section 3, pp. 24-25.

Section 4: Requirements for Licensed Clinical Mental Health Therapist (LCMHT)

A. Target Population

- (1) Licensure is for those employees who meet the higher Education and Experience requirements outlined below. Examples of individuals applying for Licensed Clinical Mental Health Therapist (LCMHT) include those employees who hold provisional certification as a Provisionally Certified Mental Health Therapist (PCMHT) and have completed the requirements to upgrade to licensure OR those employees who hold full certification as a Certified Mental Health Therapist (CMHT) and have obtained the additional hours of college credit and the additional years of

experience to upgrade to licensure.

- (2) The following professions may be included in this license: Psychology, Nursing, Counseling, Psychometry, Vocational Rehabilitation, Special Education and other related fields.

B. Requirements for Upgrade Application Eligibility

To be eligible to upgrade to licensure (LCMHT), each individual must meet the following requirements, which include the completion of all Provisional Certification Period requirements. See Chapter 3, Section 2, E., pp. 9-10 for more information on requirements to be completed during the Provisional Certification Period.

- (1) Employment: Be employed in a program described in Chapter 3, Section 1, C., p.7;
- (2) Education: Have at least sixty (60) semester hours of applicable graduate-level course work from an approved educational institution which includes a minimum of a master's degree in mental health or a related field and;
- (3) Experience: Have at least four (4) years of supervised experience in the field of mental health, two (2) of which must be in the State of Mississippi; and,
- (4) Ongoing Inservice/Training: If upgrading from PCMHT, accrue a minimum of thirty (30) Contact Hours of successfully completed inservice/training (approximately fifteen [15] Contact Hours per year) as verified by the program's designated Staff Development Officer during the individual's Provisional Certification Period.

If upgrading from CMHT, accrue a minimum of thirty (30) Contact Hours of successfully completed inservice/training (approximately fifteen [15] Contact Hours per year) as verified by the program's designated Staff Development Officer during the current Certification/Licensure Period.

- (5) Mental Health Core Training Program (MH-CTP): Successful completion of all three (3) Modules of the MH-CTP.

C. To Apply

To apply to upgrade to licensure (LCMHT), refer to Chapter 4, Section 1, pp. 19-23 and Section 4, pp. 25-26.

D. If Grandfathered

Individuals who obtained their CMHT during the Mental Health Therapist Program's grandfathering period (July 1, 1997 - June 30, 1999) may upgrade to LCMHT without attending the MH-CTP. See Chapter 4, Section 7, p. 28 for more information on the Grandfathering Provision.

Section 5: Supervision Requirements

A. Supervisor Qualifications

- (1) A supervisor shall provide direct supervision of the applicant's provision of direct services to individuals with mental illness or emotional disturbances.
- (2) A supervisor may hold certification or licensure with the DMH Mental Health Therapist program OR be eligible to hold DMH Mental Health Therapist certification or licensure.
- (3) A supervisor is considered to be certification/licensure-eligible if he/she meets the Education and Experience requirements for either certification or licensure. A qualified supervisor is not required to be an employee of the state

mental health system.

- (4) A supervisor may be the Chair of a governing board/commission.
- (5) A supervisor may hold a Department of Mental Health credential as a Licensed Mental Health/Mental Retardation Administrator (LMH/MRA). A LMH/MRA must be in a supervisory position with regards to the applicant in order to meet Supervisor qualifications.
- (6) A qualified supervisor shall not be a member of the applicant's immediate family.

B. Need for a Supervisor Vita

- (1) Certification/license-eligible supervisors must submit a vita proving eligibility with their completed Verification of Experience Form.
 - (2) Submitted vitae may be a personal vita/resume produced by the supervisor OR a completed Supervisor Vita Form found in Chapter 9, pp. 56-57 for initial applications or pp. 67-68 for upgrade applications.
 - (3) Submitted vitae are reviewed to ensure supervisor qualifications are met. See Chapter 3, Section 5, A., p. 12 for more information on Supervisor qualifications.
- D. Supervisors who are the Chair of a governing Board or Commission are not required to submit a vita; they are considered to be *de facto* qualified.

C. Documentation of Supervision

- (1) All submitted work experience must be verified by a qualified supervisor and must be submitted on the Verification of Experience Form provided in Chapter 9, pp. 53-55 for initial applications and pp. 64-66 for upgrade applications.

- (2) If an applicant's immediate supervisor is not available or does not meet the required supervisor qualifications as noted in Chapter 3, Section 5, A., p. 12, the applicant should follow the chain of command at his/her place of employment to obtain a qualified supervisor's verification of experience. Acceptable verification of experience may be obtained from other middle management supervisors who are in a direct line of supervision over the applicant's work experience or the Director/Executive Director of the program, or the Chair of the program's governing body.
- (3) If an applicant has only private practice experience to report, he/she should contact PLACE offices for assistance. The Review Board will handle each application reporting only private practice on a case-by-case basis.

Section 6: Mental Health Core Training Program (MH-CTP)

A. Components and Purpose

The MH-CTP consists of three (3) training workshops and corresponding written examinations developed by/under the direction of the Mississippi Department of Mental Health for the purpose of providing all Mental Health Therapists statewide with the same foundation of knowledge.

B. Content

Content of the three (3) Modules includes an overview of mental health, etiology, diagnosis and treatment, services for children and adults with mental illness/emotional disturbances, and an overview of applicable DMH Minimum Standards, interpretive guidelines, the Bureau of Mental Health Record Guide, etc.

C. Timeline

- (1) Beginning with applications for provisional certification (PCMHT) received on or after July 1, 1999, each applicant shall be required to successfully complete the MH-CTP.
- (2) All three (3) Modules must be attended in regular intervals to be determined by the Division.
- (3) Provisionally certified individuals are required to attend one (1) of the Modules within the first eight months of the 24-month provisional certification period or as scheduled by the Division.

D. Registration

- (1) Individuals holding provisional certification (PCMHT) are eligible to register for and attend the Mental Health Core Training Program (MH-CTP).
- (2) The Division will make available the current schedule of available Modules and MH-CTP Registration Forms to eligible individuals.
- (3) Eligible individuals who wish to attend one of the Modules must register with the Division at least ten (10) working days prior to the first day of the Module.
- (4) A complete registration includes receipt of the completed MH-CTP Registration Form and the appropriate Module/Examination Fee by the established deadline. See Chapter 6, Section 1, B., p. 36 and Section 3, p. 37 for more information on the Module/Examination Fee.
- (5) The responsibility for registering for Modules is that of the eligible individual. This includes the timely submission of all required registration forms/materials/fees.

E. Written Examination

- (1) A written examination will be administered on the last day of each Module. Examinations will only be administered to individuals who meet the attendance requirement as indicated in Chapter 3, Section 6, F., p. 14.
- (2) The purpose of the written examination is to evaluate the individual's level of understanding of Module content.
- (3) Written examinations are presented primarily in a multiple-choice format.
- (4) Individuals must pass all of the required examinations with a score of at least seventy percent (70%) on each exam.
- (5) Only a pass/fail score is reported to the individual who has taken the exam. Upon request, program Directors/ Executive Directors and Staff Development Officers will be provided with pass/fail status. Actual scores will be kept confidential.
- (6) Examination papers/materials are the property of the Department of Mental Health. Neither the examination papers/ materials nor copies of examination papers/materials will be returned.

F. Attendance Requirement

- (1) Individuals attending a Module are expected to attend one hundred percent (100%) of the Module.
- (2) In rare instances (i.e., family emergency, illness, etc.), examinations will be administered to individuals who have participated in at least eighty percent (80%) of the Module as determined by the Division.
- (3) Anyone who finds it necessary to participate in less than eighty percent (80%) of the Module will be expected to

repeat the entire Module before being allowed to sit for the written examination.

- (4) Attendance will be registered at least two (2) times each day.

G. Reexamination

- (1) Failed Once: If an individual fails a written examination for any Module one (1) time, he/she may take it once more without repeating the entire Module. Payment of the Reexamination Fee is required at the time of registration. See Chapter 6, Section 1, D., p. 36 and Section 3, C., p. 37 for more information on the Reexamination Fee. Reexaminations will be administered on a schedule determined by the Division. To register for a second administration of an examination, an individual should contact the Division.
- (2) Failed Twice: If a written examination is failed two (2) times for any Module, the individual will be required to repeat the entire Module and written examination, including the payment of the Module/ Examination Fee. See Chapter 6, Section 1, B., p. 36 and Section 3, D., p. 37 for more information on the Module/ Examination Fee. To register to repeat a Module, an individual should follow the instructions found in Chapter 3, Section 6, D., p. 13.
- (3) Failed Three Times: Upon completion of the entire Module, an individual may take the written exam a third (3rd) time. If an individual fails a written examination for any Module a third (3rd) time, he/she may take it a fourth (4th) and final time. Payment of the Reexamination Fee is required at the time of registration. See Chapter 6, Section 1, D., p. 36 and Section 3, C., p. 37 for more information on the Reexamination Fee. Reexaminations will be administered on a schedule determined by the Division. To register

for a fourth administration of an examination, an individual should contact the Division.

- (4) Failed Four Times: If a written examination is failed a fourth (4th) time for any Module, the individual will be considered to have Defaulted from the program. See Chapter 3, Section 7, B., (3), pp. 15-16 for more information on Defaulted status.

- (5) No provisional certificant may sit for an examination more than four (4) times.

Section 7: Professional Certification and Licensure Status Categories

A. During Initial Application

The following category is applicable to individuals who have submitted an initial application packet for provisional certification (PCMHT).

Denied: The Review Board may deny initial application for provisional certification for the following reasons, including, but not limited to: lack of appropriate employment; failure to pay required fees; lack of appropriate educational degrees; unacceptable practice of the applicant; violation of Principles of Ethical and Professional Conduct; or, declaration of mental incompetence by the court.

B. Provisional Certification Status

The following categories are applicable to individuals holding provisional certification (PCMHT).

- (1) Current: An individual holding provisional certification who is in good standing, including timely submission of all forms, fees, changes of information, etc., and without sanctions, will be considered to be Current. Any Provisionally Certified Mental Health Therapist shall notify the Division in

writing within fourteen (14) days of a change in vital information such as address, name, employment, etc. A person's name and address will not appear on any list produced by the Division unless the person is Current when the list is compiled.

- (2) Extended: Upon written request by the individual holding provisional certification, the Review Board may grant Extended status to those who are unable to complete all requirements of provisional certification within the required two year (24 consecutive month) time limit. Extended status may be granted to a PCMHT in good standing who is unable to meet the two year time limit due to extenuating circumstances such as medical treatment, drug treatment, education, leave of absence, maternity leave, etc. Temporarily leaving employment in an applicable program as described in Chapter 3, Section 1, C., p. 7, is another reason a PCMHT may request Extended status, but the individual must return to employment in an acceptable program before completing provisional certification and upgrading to either full certification or licensure. An individual on Extended status is expected to comply with the terms of Extended status as granted by the Review Board. Failure to do so may result in Defaulted status. The Review Board may verify the circumstances surrounding the request for Extended status.

- (3) Defaulted: A provisional certificant is considered to have Defaulted from the Mental Health Therapist Program upon any of the following situations:

- (a) Upon failure to complete all requirements during the two year (24 consecutive month) Provisional Certification Period (See Chapter 3, Section 2, E., pp. 9-10 for more information);

- (b) Upon failure to submit an upgrade application so that it is received by the Division within established timelines (See Chapter 4, Section 3, C., p. 25 or Section 4, C., p. 26 for more information);
- (c) Upon failure to submit a request for Extended status so that it is received by the Division within established timelines (See Chapter 4, Section 3, C., p. 25 or Section 4, C., p. 26 for more information);
- (d) Upon the Review Board's determination of failure to submit a satisfactory written request for Extended status (See Chapter 3, Section 7, B., (2), p. 15 for more information);
- (e) Upon failure to comply with the terms of Extended status granted by the Review Board (See Chapter 3, Section 7, B., (2), p. 15 for more information).
- (f) Upon failure of any one of the Module examinations four (4) times (See Chapter 3, Section 6, G., (4), p. 15 for more information);

To return to Current status, an individual in Defaulted status would be required to repeat the application process meeting all current requirements, including any specific requirements as determined to be necessary by the Review Board.

- (4) Relinquished: A provisional certificant who determines that he/she no longer wants/needs to hold and maintain professional certification/licensure may submit a written request to the Review Board requesting Relinquished status. The written request must be accompanied by the individual's original certificate(s) attesting to the title(s) relinquished. The Review Board has the right to verify the circumstances

surrounding the request for Relinquished status.

- (5) Denied: The Review Board may deny upgrade application for professional certification/licensure for the following reasons, including, but not limited to: lack of appropriate employment; lack of appropriate experience; failure to pay required fees; lack of appropriate educational degrees; failure to acquire necessary inservice/training Contact Hours; failure to attend and pass required Modules and examinations; unacceptable practice of the applicant; violation of Principles of Ethical and Professional Conduct; or, declaration of mental incompetence by the court.

C. Certification and Licensure Status

The following categories are applicable to persons holding full certification (CMHT) or licensure (LCMHT).

- (1) Current: An individual certificant or licensee who is in good standing, including timely submission of all forms, fees, changes of information, etc., and without sanctions, will be considered to be Current. Any Certified Mental Health Therapist or Licensed Clinical Mental Health Therapist shall notify the Division in writing within fourteen (14) days of a change in vital information such as address, name, employment, etc. A person's name and address will not appear on any list produced by the Division unless the person is Current when the list is compiled.
- (2) Inactive: Upon written request by the certificant/licensee, the Review Board may grant a certificant/licensee Inactive status. Inactive status may be granted to certificants/licensees in good standing who are leaving employment in an applicable program as described in Chapter 3, Section 1, C., p. 7, but who wish to maintain their professional

certification/licensure (Examples: internship, medical treatment, drug treatment, education, leave of absence, extended maternity leave, etc.). Certificants/Licensees who are granted Inactive status are required to renew in a timely manner. A person on Inactive status may be returned to Current status upon submission of a written request, an appropriate Verification of Employment Form reflecting employment within the state mental health system and proof of required continuing education Contact Hours as deemed necessary by the Review Board. The Review Board may verify the circumstances surrounding the request for Inactive status.

- (3) Lapsed: Upon failure to renew professional certification/licensure in a timely manner and failure to make a request for Inactive status, an individual's certification/licensure expires and is considered to be Lapsed. To return to Current status, an individual would be required to repeat the application process and meet all current professional certification/licensure requirements. See Chapter 5, Section 5, pp. 33-34 for more information on renewal timelines. This status is not applicable to those who have allowed their CMHT credential to "lapse" due to the fact that the individual has upgraded to LCMHT.
- (4) Retired: Upon retirement, the retired certificant/licensee may submit a written request to the Review Board requesting the granting of Retired status. The individual with Retired status may no longer be employed in a program as described in Chapter 3, Section 1, C., p. 7. The individual granted this status is no longer required to meet biennial renewal requirements/fees and is permitted to keep his/her certificate. The Review Board may verify the circumstances surrounding the request for Retired status.

- (5) Relinquished: A certificant/licensee who determines that he/she no longer wants/needs to hold and maintain professional certification/licensure may submit a written request to the Review Board requesting Relinquished status. The written request must be accompanied by the individual's original certificate(s) attesting to the title(s) relinquished. The Review Board may verify the circumstances surrounding the request for Relinquished status.

- (6) Denied: The Review Board may deny upgrade application for professional certification/licensure or application for professional certification/licensure renewal for the following reasons, including, but not limited to: lack of appropriate employment; lack of appropriate experience; failure to pay required fees; lack of appropriate educational degrees; failure to acquire necessary inservice/training Contact Hours; failure to attend and pass required Modules and examinations; unacceptable practice of the applicant; violation of Principles of Ethical and Professional Conduct; or, declaration of mental incompetence by the court.

D. Disciplinary Status

Disciplinary status categories are applicable to individuals holding provisional certification (PCMHT), full certification (CMHT) or licensure (LCMHT).

- (1) Limited: The Review Board, as a result of disciplinary action as defined in Chapter 8, pp. 44-46, may choose to restrict or limit a provisional certificant's/certificant's/licensee's practice. To return to Current status, an individual with a Limited certification/licensure would be required to meet all requirements as determined to be necessary by the Review Board and/or Executive Director.

- (2) Suspended: The Review Board, as a result of disciplinary action as defined in Chapter 8, pp. 44-46, may choose to invalidate a provisional certificant's/certificant's/licensee's certificate for any period of time. The individual's certificate shall be turned over to the Division for the period of suspension. To return to Current status, an individual with a Suspended certification/licensure would be required to meet all requirements as determined to be necessary by the Review Board and/or Executive Director.
- (3) Surrendered: The Review Board, as a result of disciplinary action as defined in Chapter 8, pp. 44-46, may choose to request the surrender of a provisional certificant's/certificant's/licensee's certificate. In addition, the provisional certificant/certificant/licensee may request Surrendered status; however, the provisional certificant's/certificant's/licensee's request for Surrendered status is subject to the approval of the Review Board and/or Executive Director. The Surrendered certificate shall be turned over to the Division. To return to Current status, an individual with a Surrendered certification/licensure would be required to meet all requirements as determined to be necessary by the Review Board and/or Executive Director.
- (4) Revoked: The Review Board may revoke an individual's professional credential as a result of disciplinary action as defined in Chapter 8, pp. 44-46. Once professional certification/licensure is Revoked, the individual must return his/her certificate to the Division. Following the period of revocation established by the Review Board, the individual may reapply for certification/licensure by repeating the application process, meeting all current professional certification/licensure requirements.

CHAPTER 4

Application Procedure for Professional Certification/Licensure

Section 1: General Guidelines

A. Application Process

- (1) Applicants should read all directions and application materials before beginning the application process, as the required Application Fee is nonrefundable.
- (2) Beginning and after July 1, 1999, an individual wishing to submit an application for entrance into the DMH Mental Health Therapist Program will be expected to submit an initial application for provisional certification (PCMHT) and to meet all current requirements of the program. For more information on the now-expired grandfathering provision, see Chapter 4, Section 7, p. 28.
- (3) Upon completion of all requirements of the Provisional Certification Period, a provisional certificant is expected to submit an upgrade application for either full certification (CMHT) or licensure (LCMHT), whichever is appropriate. For more information on applying to upgrade to full certification or licensure, see Chapter 4, Section 3 and Section 4, pp. 24-26.
- (4) All application materials must be submitted together in one application packet. As noted in Chapter 4, Section 1, D., (2), p. 20, the Official Transcript(s) is the only item which may be submitted separately from the application packet.
- (5) An individual may apply for more than one DMH professional certification/licensure (Mental Retardation, Mental Health, etc.); however, each application should be submitted separately,

including separate Official Transcripts, Verification of Experience Forms, payment of Application Fees, etc.

- (6) The responsibility for submitting a complete application, including all required application forms/materials/fees, is that of the applicant. The Review Board will not review incomplete applications; see Chapter 2, Section 2, B., (7), p. 5.
 - (7) Once submitted, all application materials become the property of the Division. Application materials will not be returned to the applicant for any reason.
 - (8) Incomplete initial applications for provisional certification (PCMHT) are maintained on file for two years from the date of receipt, after which time they are destroyed.
 - (9) Individuals upgrading from provisional certification (PCMHT) to either full certification (CMHT) or licensure (LCMHT) are expected to complete the upgrade process as soon as possible. Incomplete upgrade applications of this type will be maintained on a schedule determined by the Division.
 - (10) Individuals upgrading from certification (CMHT) to licensure (LCMHT) are expected to successfully complete the process by the end of the Certification/Licensure Period. Individuals holding CMHT who have not successfully completed the upgrade process by the end of the Certification/Licensure Period are expected to renew their certification in a timely manner.
- ##### B. Completion of Forms
- (1) Please print or type the information requested on the application forms; typing is preferred.

- (2) All submitted forms should be completed by the appropriate person(s) indicated at the top of each form. Specific directions provided on each form should be read and followed.
- (3) All forms submitted in support of the application must bear original signatures. Photocopies and faxed copies of completed forms will not be accepted.
- (4) Every numbered item on each form must have a response, even if the response is "Not Applicable." Incomplete forms will not be returned to the applicant for completion; a new form must be completed and submitted.
- (5) To ensure validity, all forms other than the notarized Application Form must be submitted in sealed envelopes, with a signature across the envelope's seal that matches the signature on the document inside the envelope.

C. Reporting Employment

- (1) Appropriate employment must be submitted on an official Verification of Employment Form which must reflect the applicant's current place of employment. The forms provided in Chapter 9, p. 52 for initial applications and p. 63 for upgrade applications, must be used.
- (2) Item #2 of the Verification of Employment Form requesting information on background checks must be addressed and completed clearly.
- (3) Individuals unsure of how to mark Item #3 of the Verification of Employment Form requesting program information should refer to Chapter 3, Section 1, C., p. 7 of this document. The Personnel Officer may need to consult with the program's Director/Executive Director or Business Office to make a correct determination.

D. Reporting Education

- (1) When included in the application packet, the Official Transcript(s) must be submitted unopened in the approved educational institution's letterhead envelope.
- (2) If necessary, the Official Transcript may be submitted directly to the Division by the approved educational institution.
- (3) An applicant may send Official Transcripts from all schools; however, only graduate-level transcripts are required.
- (4) When submitting an upgrade application, it is not necessary to submit an official graduate-level transcript(s) which has been previously submitted and received by the Division. Only transcripts reporting new graduate-level, mental health-related course work need to be submitted.
- (5) All references to hours of college credit are for semester hours. Quarter hours which are submitted will be converted to semester hours using the standard formula (Number of Quarter Hours X .66 = Semester Hour Equivalent).

E. Reporting Experience

- (1) Appropriate work experience must be verified by a qualified supervisor and submitted on an official Verification of Experience Form.
- (2) When reporting appropriate experience, an applicant needs only to report enough experience to meet the experience requirement of the credential for which he/she is applying. It is not necessary for an individual to report a lifetime of work experience.
- (3) When submitting an upgrade application, it is not necessary to submit

supervised experience which has been previously submitted on a complete Verification of Experience Form and received by the Division. Only the balance of experience needed to meet the experience requirement of the new credential is required.

- (4) Only complete Verification of Experience Forms are considered by the Review Board. Verification of Experience Forms which have missing information or missing pages will not be considered.
- (5) All experience requirements are based on full-time, forty (40) hour per week work experience.
- (6) Individuals with part-time experience must indicate an amount of experience which is equivalent to a forty (40) hour work week. The applicant with part-time experience must provide quantitative information which supports his/her claims. The Review Board will review each application and make decisions regarding part-time experience on a case-by-case basis.
- (7) Experience acquired while enrolled in a mental health-related graduate degree program, including a practicum or internship, may count for up to one year of the required years of experience.

F. Supervisor Documentation

- (1) Before selecting a supervisor to complete Section II of the Verification of Experience Form, carefully read the list of Supervisor Qualifications found in Chapter 3, Section 5, A., p. 12.
- (2) After meeting all qualifications, a Supervisor holding a current DMH credential as a CMHT or LCMHT should indicate such on Item #15 of the Verification of Experience Form.
- (3) If a Supervisor meeting all other

requirements does not hold a current DMH credential as a CMHT or LCMHT but is eligible to hold a CMHT or LCMHT credential, the supervisor should indicate this on Item #15 of the Verification of Experience Form AND include a vita. See Chapter 3, Section 5, B., p. 12 for more information on vita submissions. See Chapter 9, pp. 56-57 for a fill-in-the-blank Supervisor Vita Form which may be used with initial applications; see Chapter 9, pp. 67-68 for a Supervisor Vita Form to be used with upgrade applications.

- (4) The Chair of a qualified program's governing Board or Commission may also serve as Supervisor even if they do not hold a DMH credential or are not DMH credential-eligible. This Supervisor should indicate his/her qualification as a Supervisor on Item #15 of the Verification of Experience Form.
- (5) A supervisor who holds a credential as a Department of Mental Health Licensed Mental Health/Mental Retardation Administrator (LMH/MRA) may also serve as Supervisor. This Supervisor should indicate his/her qualification as a Supervisor on Item #15 of the Verification of Experience Form.

G. Reporting Ongoing Inservice/Training

- (1) The Upgrade Verification of Inservice/Training Form found on Chapter 9, p. 69 is a suggested form. Staff development reporting forms currently in use by programs are acceptable as long as they contain the same information.
- (2) The Verification of Inservice/Training Form is not to be submitted with an initial application for PCMHT.
- (3) When applying to upgrade, a provisional certificent (PCMHT) is required to submit a minimum of thirty (30) Contact Hours of successfully completed

inservice/training as verified by the program's designated Staff Development Officer. These Contact Hours must have been obtained during the individual's Provisional Certification Period.

- (4) When applying to upgrade, a certificant (CMHT) is required to submit a minimum of thirty (30) Contact Hours of successfully completed inservice/training as verified by the program's designated Staff Development Officer. These Contact Hours must have been accrued during the current Certification/Licensure Period.
- (5) Hours spent in the required Mental Health Core Training Program (MH-CTP) are not eligible for submission as inservice/training Contact Hours.
- (6) Up to half of the reported Contact Hours may be obtained by presenting educational activities. This should be noted in the appropriate column on the Verification of Inservice/Training Form.
- (7) Copies of training certificates, Continuing Education Unit forms and other such documentation should **not** be submitted to the Division. Instead, documentation providing proof of training should be presented to the program's designated Staff Development Officer.
- (8) Graduate-level course work related to the field of mental health from an approved educational institution will be accepted as ongoing inservice/training.
 - (a) One three (3) semester hour applicable course (or its equivalent) shall be considered to be equal to thirty (30) Contact Hours. An official college transcript(s) must be submitted with the Verification of Inservice/Training Form reporting such training experiences. If

necessary, the Official Transcript may be submitted directly to the Division by the approved educational institution. For more information regarding transcripts, see Chapter 4, Section 1, D., p. 20.

- (b) Courses claimed for Inservice/Training Contact Hours must be beyond the course work necessary to meet the educational requirement for DMH professional credentialing.
- (c) If upgrading from PCMHT, submitted graduate-level college credit must have been successfully completed during the individual's Provisional Certification Period.
- (d) If upgrading from CMHT, submitted graduate-level college credit must have been successfully completed during the current two-year Certification/Licensure Period.

H. Staff Development Officer

- (1) The Staff Development Officer (SDO) is a professional employee of a program as described in Chapter 3, Section 1, C., p. 7 who is responsible for maintaining staff development records and verifying ongoing inservice/training for both upgrade and renewal applicants.
- (2) The SDO may not be a clerical staff member.
- (3) The SDO also serves as a liaison between his/her program and the Division.
- (4) The SDO also serves as a resource to his/her program concerning DMH professional certification and licensure.
- (5) The SDO is appointed by the Director/Executive Director of the program. A record of the appointment

and the SDO's original signature is maintained on file by the Division.

- (6) When verifying an individual's inservice/training at the time of upgrade or at the time of renewal, the SDO is responsible for maintaining the individual's documentation of training, such as training certificates, Continuing Education Unit forms, etc.
- (7) The Division should be notified of any change in SDO within fourteen (14) days of the effective date of the change.
- (8) In the event that the designated SDO is not available to verify Contact Hours, the Verification of Inservice/Training Form (Upgrade or Renewal) may be verified by the Director/Executive Director who made the SDO appointment.
- (9) Verification of Inservice/Training Forms (Upgrade or Renewal) which have been signed by anyone other than the appointed SDO or the appointing Director/Executive Director will be considered invalid and must be resubmitted bearing the appropriate original signature.
- (10) If unsure as to the identity of your program's designated SDO, please check with your program's Director/Executive Director or contact the Division for assistance.

I. Reporting Participation in the Mental Health Core Training Program (MH-CTP)

- (1) There is no MH-CTP reporting requirement for a provisionally certified individual (PCMHT) applying to upgrade his/her credential.
- (2) Records of participation in the Mental Health Core Training Program (MH-CTP) are maintained by the Division.

- (3) Progress in the MH-CTP will be reported by the Division to the Review Board when the provisionally certified individual (PCMHT) applies to upgrade his/her credential to either full certification (CMHT) or licensure (LCMHT).

Section 2: Initial Application for Provisionally Certified Mental Health Therapist (PCMHT)

A. Application Packet

Upon reading the requirements for professional credentialing in Chapter 3, Section 2, pp. 8-10, and making a decision to apply for Provisionally Certified Mental Health Therapist (PCMHT), an individual shall submit to the Division an application packet containing the forms/materials listed below. These forms verify the provisional certification requirements listed in Chapter 3, Section 2, pp. 8-10.

- (1) Application: A completed, notarized Application Form;
- (2) Employment: A completed Verification of Employment Form from the applicant's current place of employment meeting the employment requirement listed in Chapter 3, Section 2, C., (1), p. 9;
- (3) Education: An Official Transcript(s) meeting the educational requirements listed in Chapter 3, Section 2, C., (2), p. 9;
- (4) Experience: A completed Verification of Experience Form(s) meeting the experience requirements listed in Chapter 3, Section 2, C., (3), p. 9; and,
- (5) Application Fee: A nonrefundable \$75.00 check or money order made payable to the Mississippi Department of Mental Health. See Chapter 6, Section 1, A., p. 36 for more information on the Application Fee.

B. Directions

- (1) When preparing to submit an initial application for provisional certification (PCMHT), be sure to follow the General Guidelines found in Chapter 4, Section 1, pp. 19-23 as well as the directions found at the top of each form. Directions are also located in Chapter 9 on p. 47 and in a checklist format found on p. 48.
- (2) If questions arise which are not addressed in this document, please contact the Division for assistance.

Section 3: Upgrade Application for Certified Mental Health Therapist (CMHT)

A. Application Packet

Upon reading the requirements for professional credentialing in Chapter 3, Section 3, pp. 10-11 and making a decision to upgrade to Certified Mental Health Therapist (CMHT), an individual shall submit to the Division an upgrade application packet containing the forms/materials listed below. These forms verify the certification requirements listed in Chapter 3, Section 3, pp. 10-11.

- (1) Application: A completed, notarized Upgrade Application Form;
- (2) Employment: A completed Upgrade Verification of Employment Form from the applicant's current place of employment meeting the employment requirement listed in Chapter 3, Section 3, B., (1), p. 10;
- (3) Education: An Official Transcript(s) meeting the educational requirements listed in Chapter 3, Section 3, B., (2), p. 11.

If the educational requirement for CMHT is met by the Official Transcript already on file with the individual's initial application for PCMHT, then no further

documentation is necessary.

- (4) Experience: A completed Upgrade Verification of Experience Form(s) meeting the experience requirements listed in Chapter 3, Section 3, B., (3), p. 11.

However, if any of the experience requirement for CMHT is met by the Verification of Experience Form(s) already submitted with the individual's initial application for PCMHT, then only the balance necessary to meet CMHT experience requirements should be submitted.

- (5) Ongoing Inservice/Training: A completed Upgrade Verification of Inservice/Training Form(s) verifying required inservice/training obtained during the Provisional Certification Period as indicated in Chapter 3, Section 2, E., (2), pp. 9-10; and,
- (6) MH-CTP: While successful completion of the MH-CTP is required for a provisional certificant to upgrade, there is no reporting requirement for the upgrade applicant. See Chapter 4, Section 1, I., p. 23 for more information on documenting participation in the MH-CTP.
- (7) Application Fee: A nonrefundable \$75.00 check or money order made payable to the Mississippi Department of Mental Health. See Chapter 6, Section 1, A., p. 36 for more information on the Application Fee.

B. Directions

- (1) When preparing to submit an upgrade application for certification (CMHT), be sure to follow the General Guidelines found in Chapter 4, Section 1, pp. 19-23, as well as the directions found at the top of each form. Directions are also located in Chapter 9 on p. 58 and in a checklist format found on pp. 59-60.

- (2) If questions arise which are not addressed in this document, please contact the Division for assistance.

C. Submission Timelines

When upgrading from PCMHT to CMHT, individuals are expected to follow these timelines:

- (1) Upon conclusion of the Provisional Certification Period (24 consecutive month maximum), a provisional certificant is expected to submit an upgrade application packet so that it is received by the Division no later than the last working day of the 25th month (one month past the 24 consecutive month maximum).
- (2) Provisional certificants who have completed all Provisional Certification Period requirements prior to reaching the maximum number of months allowed (24 months) and who wish to submit an upgrade application packet prior to the 25th month deadline may do so.
- (3) A provisional certificant who has been unable to complete all requirements during the Provisional Certification Period due to extenuating circumstances may submit a written request to the Review Board for Extended status. This written request must be received by the Division no later than the last working day of the 25th month. See Chapter 3, Section 7, B., (2), p. 15 for more information on Extended status.
- (4) If neither the upgrade application packet nor the written request for Extended status is received by the last working day of the 25th month, the provisional certificant is considered to have Defaulted. See Chapter 3, Section 7, B., (3), pp. 15-16 for more information on Defaulted status.

Section 4: Upgrade Application for Licensed Clinical Mental Health Therapist (LCMHT)

A. Application Packet

Upon reading the requirements for professional credentialing in Chapter 3, Section 4, pp. 11-12 and making a decision to upgrade to Licensed Clinical Mental Health Therapist (LCMHT), an individual shall submit to the Division an upgrade application packet containing the forms/materials listed below. These forms verify the provisional certification requirements listed in Chapter 3, Section 4, pp.11-12.

- (1) Application: A completed, notarized Upgrade Application Form;
- (2) Employment: A completed Upgrade Verification of Employment Form from the applicant's current place of employment meeting the employment requirement listed in Chapter 3, Section 4, B., (1), p. 11;
- (3) Education: An Official Transcript(s) meeting the educational requirements listed in Chapter 3, Section 4, B., (2), p. 11.

However, if the educational requirement for LCMHT is met by the Official Transcript already on file with the individual's initial application for PCMHT or upgrade application for CMHT, then no further documentation is necessary.

- (4) Experience: A completed Upgrade Verification of Experience Form(s) meeting the experience requirements listed in Chapter 3, Section 4, B., (3), p. 11.

However, if any of the experience requirement for LCMHT is met by the Verification of Experience Form(s)

already submitted with the individual's initial application for PCMHT or upgrade application for CMHT, then only the balance necessary to meet LCMHT experience requirements should be submitted.

(5) Ongoing Inservice/Training:

If upgrading from PCMHT to LCMHT, a completed Verification of Inservice/Training Form(s) verifying required inservice/training obtained during the individual's Provisional Certification Period as indicated in Chapter 3, Section 2, E., (2), pp. 9-10; and,

If upgrading from CMHT to LCMHT, a completed Verification of Inservice/Training Form(s) verifying required inservice/training obtained during the current two-year Certification/Licensure Period as indicated in Chapter 3, Section 4, B., (4), pp. 11-12.

(6) MH-CTP: While successful completion of the MH-CTP is required for a provisional certificant to upgrade, there is no reporting requirement for the upgrade applicant. See Chapter 4, Section 1, I., p. 23 for more information on documenting participation in the MH-CTP.

(7) Application Fee: A nonrefundable \$75.00 check or money order made payable to the Mississippi Department of Mental Health. See Chapter 6, Section 1, A., p. 36 for more information on the Application Fee.

B. Directions

- (1) When preparing to submit an upgrade application for clinical licensure (LCMHT), be sure to follow the General Guidelines found in Chapter 4, Section 1, pp. 19-23 as well as the directions found at the top of each form. Directions are also located in Chapter 9 on p. 58 and in a checklist format found on pp. 59-60.

- (2) If questions arise which are not addressed in this document, please contact the Division for assistance.

C. Submission Timelines

When upgrading from PCMHT to LCMHT, individuals are expected to follow these timelines:

- (1) Upon conclusion of the Provisional Certification Period (24 consecutive month maximum), a provisional certificant is expected to submit an upgrade application packet so that it is received by the Division no later than the last working day of the 25th month (one month past the 24 consecutive month maximum).
- (2) Provisional certificants who have completed all Provisional Certification Period requirements prior to reaching the maximum number of months allowed (24 months) and who wish to submit an upgrade application packet prior to the 25th month deadline may do so.
- (3) A provisional certificant who has been unable to complete all requirements during the Provisional Certification Period due to extenuating circumstances may submit a written request to the Review Board for Extended status. This written request must be received by the Division no later than the last working day of the 25th month. See Chapter 3, Section 7, B., (2), p. 15 for more information on Extended status.
- (4) If neither the upgrade application packet nor the written request for Extended status is received by the last working day of the 25th month, the provisional certificant is considered to have Defaulted. See Chapter 3, Section 7, B., (3), pp. 15-16 for more information on Defaulted status.

Section 5: Verification of Background Check

- A. As part of the application (Verification of Employment Form), Personnel Officers will be required to indicate whether or not background checks have been conducted for each applicant, as appropriate to the applicant's position and professional responsibilities.
- B. With specific areas of interest being conviction of a crime or conviction of a felony relating to the abuse or mistreatment of other individuals, the verification of background checks should include:
 - (1) Convictions under the Vulnerable Adults Act;
 - (2) Child Abuse Registry;
 - (3) Sex Offense Record;
 - (4) Criminal Record;
 - (5) Motor Vehicle Registry; and,
 - (6) Others, as appropriate to the applicant's position and professional responsibilities.

Section 6: Terms of Certificate Issuance

A. Application Review

- (1) The Division reviews all initial and upgrade application materials for completeness. Applicants are notified in writing if a problem(s) is found; they are given an opportunity to correct the problem(s) by resubmitting the necessary form(s)/material(s)/fee(s).
- (2) The Review Board reviews all complete initial and upgrade applications and makes recommendations regarding the issuance of professional certification or licensure, as appropriate, to the DMH Executive Director. The Review Board will not review incomplete applications; see Chapter 2, Section 2, B., (7), p. 5.

- (3) Upon review and approval/disapproval by the Executive Director, each applicant will be notified in writing of the status of his/her application.
- (4) After approval, each applicant will be awarded a certificate attesting to the appropriate title. See Chapter 4, Section 6, B., p. 27 and Chapter 7, Section 3, p. 42 for more information regarding professional titles.
- (5) Charges for the certificate are included in the Application Fee.

B. Professional Titles

- (1) Individuals making successful application for provisional certification will be awarded a certificate attesting to the title of Provisionally Certified Mental Health Therapist (PCMHT).
- (2) Individuals making successful application for certification will be awarded a certificate attesting to the title of Certified Mental Health Therapist (CMHT).
- (3) Individuals making successful application for licensure will be awarded a certificate attesting to the title of Licensed Clinical Mental Health Therapist (LCMHT).

C. Certificates

- (1) Certificates issued by the DMH reflecting Mental Health professional certification/licensure are valid for a two-year Certification/Licensure Period established by the Division. Renewal of professional certification/licensure is required on or before the established June 30th renewal deadline in order to maintain Current status. The first established deadline for renewal was June 30, 2000; subsequent deadlines for renewal will be every other year, such as June 30, 2002, June 30, 2004, June 30,

2006, June 30, 2008, etc. See Chapter 5, Section 1, pp. 29-30 for more information on established Certification/Licensure Periods and renewal.

- (2) It is the intent of the Department of Mental Health that each provisional certificant/certificant/licensee holds one and only one certificate per professional title. Replacement (or duplicate) certificates are provided only in specific instances. See Chapter 6, Section 4, pp. 37-38 for information on obtaining a replacement certificate.
- (3) The issued certificate remains the property of the Mississippi Department of Mental Health, and the provisional certificant/certificant/licensee shall return the certificate to the agency if requested by the Division.

D. **Administrative Appeal**

The terms of administrative appeal are applicable to the application process. See Chapter 4, Section 8, p. 28 for more information on the administrative appeal process.

Section 7: Grandfathering Provision

- A. The grandfathering period for the Mental Health Therapist program was from July 1, 1997 - June 30, 1999. **Grandfathering provisions are no longer available.**
- B. Individuals who obtained a professional credential through the Mental Health Therapist program during the grandfathering period are considered to be Charter Members of the program. As long as a Charter Member's credential remains in Current, Extended, Inactive or Retired status (See Chapter 3, Section 7, pp. 15-18), he/she will maintain Charter Member designation. A Charter Member may lose his/her Charter Member designation and his/her grandfathering privileges as a result of allowing his/her credential to lapse,

disciplinary action etc.

- C. An individual who earned a professional credential within the DMH Mental Health Therapist program during the grandfathering period may upgrade to another level credential within the program at any time and maintain his/her grandfathering privileges. Such an individual must be in Current status at the time of upgrade.

Section 8: Administrative Appeal

- A. An Applicant aggrieved by a decision regarding the initial application for professional certification/licensure, the upgrade application for professional certification/licensure or the renewal of professional certification/licensure has the right to appeal to the Executive Director. The Applicant must notify the Division and provide any supplemental application information within thirty (30) days of receipt of written notification of application review results.

The Executive Director shall review the application and supplemental information, if provided, and notify the applicant of the results of this review within thirty (30) days.

- B. An Applicant aggrieved by the decision of the Executive Director may then appeal to the State Board of Mental Health. Appeals to the State Board of Mental Health must be made and conducted in accordance with established Board policy (Policy D-0025 entitled "Appeals to the Board of Mental Health").

The applicant must notify the Division within fifteen (15) days of receipt of written notification of the Executive Director's decision.

The State Board of Mental Health shall review the applicant's record and notify the applicant of the results of this review within forty-five (45) days.

CHAPTER 5

Renewal of Professional Certification/Licensure

Section 1: Renewal Requirements

A. Required Biennially

Individuals holding full certification (CMHT) or licensure (LCMHT) are required to renew their professional credential every two (2) years on a certification/licensure schedule established by the Division.

- (1) The Mental Health Therapist Program is organized by two-year Certification/Licensure Periods. The first Certification/Licensure Period was July 1, 1997 through June 30, 2000 (three years). Subsequent periods will be every two years such as follows:

Certification/Licensure Periods

2 nd Period:	July 1, 2000 - June 30, 2002
3 rd Period:	July 1, 2002 - June 30, 2004
4 th Period:	July 1, 2004 - June 30, 2006
5 th Period:	July 1, 2006 - June 30, 2008

- (2) In accordance with the two-year Certification/Licensure Period established by the Division, individuals holding full certification or licensure shall renew their professional certification and licensure on or before the established June 30th renewal deadline in order to maintain Current status.
- (3) The first established deadline for renewal was June 30, 2000; subsequent deadlines for renewal will be every other year, such as June 30, 2002, June 30, 2004, June 30, 2006, June 30, 2008, etc.
- (4) Prior to each renewal deadline, the Division plans to mail each certificant and licensee with either Current or Inactive status a renewal notice

containing current forms and directions.

B. Responsibility

The responsibility for timely renewal is that of the certificant/licensee.

- (1) Failure to receive a renewal notice from the Division shall not relieve the certificant/licensee from the renewal requirement.
- (2) Individuals who do not renew by the established deadline will be considered to have allowed their credential to lapse. As a result, the status for each such individual will be changed to Lapsed. See Chapter 5, Section 5, pp. 33-34, for more information on expiration of professional certification/licensure.

C. Employment Requirement

A certificant/licensee applying for renewal must either continue to be in the employ of a program as described in Chapter 3, Section 1, C., p. 7 or must have Inactive status. See Chapter 3, Section 7, C., (2), pp. 16-17, for more information on Inactive status. Additional information on reporting employment can be found in Chapter 5, Section 2, C., p. 31.

D. Ongoing Inservice/Training Requirement

- (1) A certificant/licensee applying for renewal must provide proof of a minimum of thirty (30) Contact Hours of successfully completed inservice/training (approximately fifteen [15] Contact Hours per year) as verified by the program's designated Staff Development Officer.
- (2) A certificant applying to upgrade to licensure at the time of renewal must provide proof of a minimum of thirty (30) Contact Hours of successfully completed inservice/training (approximately fifteen [15] Contact Hours per year) as verified

by the program's designated Staff Development Officer. See Chapter 5, Section 1, E., p. 30 for more information on the Upgrade Option.

- (3) Whether applying for renewal or applying for an upgrade under the Upgrade Option, the Contact Hours must have been accrued during the current Certification/Licensure Period. See Chapter 5, Section 1, E., p. 30 for more information on the Upgrade Option.

E. Upgrade Option

- (1) Although an individual may upgrade to full certification or licensure at any time he/she is eligible, the option also exists to upgrade at the time of renewal rather than renew certification/licensure. This is called the Upgrade Option and is available during the three months prior to the end of the Certification/Licensure Period (the months of April, May and June prior to the Mental Health Therapist Program's biennial renewal).
- (2) A certificant choosing the Upgrade Option must submit his/her complete upgrade application packet so that it is received by the Division between April 1st and the June 30th renewal deadline.
- (3) A certificant whose upgrade application packet submitted under the Upgrade Option is not received by the Division by the June 30th renewal deadline is expected to renew his/her certification. No upgrade application packet will be accepted for the Upgrade Option after the June 30th renewal deadline.
- (4) A certificant choosing the Upgrade Option is expected to report a minimum of thirty (30) Contact Hours of inservice training from the current two-year Certification/Licensure Period as part of his/her upgrade application packet.

F. Not Applicable

Renewal is not applicable to individuals holding provisional certification (PCMHT). At the conclusion of the two (2) year Provisional Certification Period, a PCMHT may upgrade to either full certification (CMHT) or licensure (LCMHT). See Chapter 3, Section 2, B., p. 8 for more information on provisional certification.

Section 2: Renewal General Guidelines

A. Renewal Application Process

- (1) Individuals applying for renewal should read all directions and renewal application materials before beginning the renewal process, as the required Renewal Fee is nonrefundable.
- (2) In addition to directions found in this document, directions will also be provided with the renewal notice mailed to each certificant and licensee approximately three months prior to the biennial renewal deadline. These directions are especially important to read and follow.
- (3) All renewal application materials must be submitted together in one renewal application packet. If submitted to document inservice/training, an Official Transcript is the only item which may be received separately from the application packet.
- (4) An individual holding more than one DMH professional certification/licensure (Mental Retardation, Mental Health, etc.) should submit renewal materials for each credential separately, including separate Official Transcripts, Renewal Verification of Employment Forms, payment of Renewal Fees, etc.
- (5) The responsibility for submitting a complete renewal application packet, including all required renewal

application forms/materials/fees, is that of the applicant. The Review Board will not review incomplete applications; see Chapter 2, Section 2, B., (7), p. 5.

- (6) Once submitted, all renewal application materials become the property of the Division. Renewal application materials will not be returned to the applicant for any reason.

B. Completion of Renewal Forms

- (1) Please print or type the information requested on the renewal application forms; typing is preferred.
- (2) All submitted forms should be completed by the appropriate person(s) indicated at the top of each form. Specific directions provided on each form should be read and followed.
- (3) All forms submitted in support of the application must bear original signatures. Photocopies and faxed copies of completed forms will not be accepted.
- (4) Every numbered item on each form must have a response, even if the response is "Not Applicable." Incomplete forms will not be returned to the applicant for completion; a new form must be completed and submitted.
- (5) To ensure validity, all forms other than the notarized Renewal Application Form must be submitted in sealed envelopes, with a signature across the envelope's seal that matches the signature on the document inside the envelope.

C. Reporting Employment

- (1) A current Renewal Verification of Employment Form will be included with the renewal notice mailed to each certificant and licensee prior to the biennial renewal deadline. The form provided in the renewal notice packet

must be used.

- (2) The Renewal Verification of Employment Form must reflect the applicant's current place of employment.
- (3) Item #2 of the Renewal Verification of Employment Form requesting information on background checks must be addressed and completed clearly.
- (4) Individuals unsure of how to mark Item #3 of the Renewal Verification of Employment Form requesting program information should refer to Chapter 3, Section 1, C., p. 7 of this document. The Personnel Officer may need to consult with the program's Director/Executive Director or Business Office to make a correct determination.
- (5) An individual who is no longer employed in the state mental health system as described in Chapter 3, Section 1, C., p. 7 at the time of renewal no longer meets the Employment criteria for DMH professional credentialing. This individual needs to request either Inactive or Relinquished status. See Chapter 5, Section 4, p. 33 for more information on making a special request.

D. Reporting Ongoing Inservice/Training

- (1) The Renewal Verification of Inservice/Training Form found on p. 71 is a suggested form. Staff development reporting forms currently in use by programs are acceptable as long as they contain the same information. Another copy of this form will be included in the renewal notice mailed to each certificant and licensee.
- (2) Required Contact Hours may be accrued through staff development training provided through the certificant's/licensee's place of employment (including DMH-required training as indicated in the Minimum Standards for Community

Mental Health/Mental Retardation Services), DMH-sponsored training events, or conferences/workshops/CEUs/etc., approved by the Division.

- (3) Priorities for training should be sessions required for programmatic compliance with DMH Minimum Standards and DMH-sponsored training events related to the provision of services to individuals with mental illness/emotional disturbance.
- (4) Graduate-level course work related to the field of mental health from an approved educational institution will be accepted as ongoing inservice/training. One three (3) semester hour applicable course (or its equivalent) shall be considered to be equal to thirty (30) Contact Hours. An official college transcript(s) must be submitted with the Renewal Verification of Inservice/Training Form reporting such training experiences. If necessary, the Official Transcript may be submitted directly to the Division by the approved educational institution. For more information regarding transcripts, see Chapter 4, Section 1, D., p. 20.
- (5) Courses claimed for inservice/training Contact Hours must be beyond the course work necessary to meet the educational requirement for DMH professional credentialing.
- (6) Submitted Contact Hours of inservice/training or graduate-level college credit must have been successfully completed during the current two-year Certification/Licensure Period.
- (7) Up to half of the reported Contact Hours may be obtained by presenting educational activities. This should be noted in the appropriate column of the Renewal Verification of Inservice/Training Form.

- (8) Documentation providing proof of training, such as training certificates, Continuing Education Unit forms, etc., should be presented to the program's designated Staff Development Officer. Do not submit such documentation to the Division.

Section 3: Application for Renewal

A. Obtaining Renewal Forms

- (1) The forms and instructions necessary for renewal (see Chapter 5, Section 3, B. below) will be mailed to each certificant and licensee approximately three months prior to the biennial renewal deadline.
- (2) A suggested Renewal Verification of Inservice/Training Form is provided in Chapter 9 on p. 71 for maintaining training records throughout the two-year Certification/Licensure Period.

B. Renewal Application Packet

Each certificant/licensee who desires to renew professional certification/licensure shall submit to the Division a renewal application packet containing the forms/materials listed below.

- (1) Application: A completed, notarized Renewal Application Form;
- (2) Employment: A completed Renewal Verification of Employment Form from the applicant's current place of employment;
- (3) Ongoing Inservice/Training: A completed Renewal Verification of Inservice/Training Form(s) verifying required inservice/training; see Chapter 5, Section 2, D., pp. 31-32 for more information on documenting inservice/training; and,
- (4) Renewal Fee: A nonrefundable \$60.00 check or money order made payable to

the Mississippi Department of Mental Health.

C. Directions

- (1) When preparing to submit a renewal application packet, be sure to follow the requirements and guidelines noted in Chapter 5, Section 1 and Section 2, pp. 29-32, the directions found at the top of each form and any other directions provided by the Division through correspondence/renewal notice/etc.
- (2) If questions arise which are not addressed in this document, please contact the Division for assistance.

Section 4: Special Requests

During the renewal process, some certificants/licenses recognize that they need to make additional special requests.

- A. Name Change: A certificant/licensee who wants to report a legal name change at the time of renewal is expected to follow the directions found in Chapter 6, Section 4, C., (4), p. 38 and submit all necessary documentation/fees along with the Renewal Application packet by the June 30th renewal deadline. Please note that this request includes a total required payment of \$85.00 which includes both the Renewal Fee (\$60.00) and the Certificate Replacement Fee (\$25.00).
- B. Inactive Status Request: A certificant/licensee who is not employed in the state mental health system as described in Chapter 3, Section 1, C., p. 7 at the time of renewal may want to include a request for Inactive status along with the Renewal Application packet. The guidelines and instructions for requesting Inactive status are found in Chapter 3, Section 7, C., (2), pp. 16-17. Such an individual is expected to make this request AND renew by the June 30th deadline submitting all required renewal form(s)/material(s)/fee(s) except the Renewal Verification of Employment Form.

Additional assistance may be obtained by contacting the Division.

- C. Retired Status Request: A certificant/licensee who has retired should follow instructions found in Chapter 3, Section 7, C., (4), p. 17. A certificant/licensee who wishes to request Retired status is expected to do so by the June 30th renewal deadline.
- D. Relinquished Status Request: A certificant/licensee who determines that he/she no longer wants or needs to hold and maintain professional credentialing may submit a written request for Relinquished status. Instructions for making this request are found in Chapter 3, Section 7, C., (5), p. 17. A certificant/licensee who wishes to request Relinquished status is expected to do so by the June 30th renewal deadline.

Section 5: Terms of Certificate Renewal

A. Renewal Application Review

- (1) The Division reviews all renewal application materials for completeness. Renewal applicants are notified in writing if a problem(s) is found; they are given an opportunity to correct the problem(s) by resubmitting the necessary form(s)/material(s)/fee(s).
- (2) The Review Board reviews all complete renewal applications and makes recommendations regarding renewal, as appropriate, to the DMH Executive Director. The Review Board will not review incomplete applications; see Chapter 2, Section 2, B., (7), p. 5.
- (3) Upon review and approval/disapproval by the Executive Director, each renewal applicant will be notified in writing of the status of his/her renewal application.
- (4) Upon approval, each certificant's/licensee's certificate is considered to be renewed and continues to be valid for the next two-year Certification/Licensure

Period. In addition, a renewal document is issued to each renewed certificant and licensee; see Chapter 5, Section 5, B., p. 34.

- (5) Incomplete renewal applications which were received by the June 30th renewal deadline may be maintained on file through July 31st to allow the individuals an opportunity to resolve problem(s). After July 31st, these credentials are considered expired. See Chapter 5, Section 6, C., p. 35 for more information on the July 31st deadline.
 - (6) The terms of certificate issuance continue to be applicable to the renewed certificate. See Chapter 4, Section 6, pp. 27-28 for more information on the original terms of certificate issuance.
- B. Renewal Document
- (1) After renewal is complete, each certificant/licensee will be sent a renewal document indicating his/her continued professional certification/licensure for the next two-year Certification/Licensure Period.
 - (2) It is the intent of the Department of Mental Health that each certificant/licensee holds only one official renewal document per professional title for the current two-year Certification/Licensure Period. Replacement renewal documents are provided only in specific instances. See Chapter 6, Section 4, pp. 37-38 for information on obtaining a replacement renewal document.
 - (3) The terms of certificate issuance are also applicable to the renewal document. See Chapter 4, Section 6, pp. 27-28 for more information on the original terms of certificate issuance.

C. Administrative Appeal

The terms of administrative appeal are applicable to the renewal process. See Chapter 4, Section 8, p. 28.

Section 6: Expiration of Professional Certification/Licensure

A. June 30th Deadline

- (1) The renewal application packet, including Renewal Fees, is due on or before June 30th.
- (2) The upgrade application packet submitted under the Upgrade Option, including Application Fees, must be received by the Division by June 30th. No such upgrade applications will be accepted after June 30th. See Chapter 5, Section 1, E., p. 30 for more information on the Upgrade Option.
- (3) Any certificant or licensee wishing to request a name change, Inactive Status, Retired Status or Relinquished Status at the time of renewal must submit the request so that the Division receives it by June 30th. See Chapter 5, Section 4, p. 33 for more information on Special Requests.
- (4) Mental Health certification/licensure expires after the June 30th renewal deadline for each two-year Certification/Licensure Period.
- (5) An individual's certificate ceases to be valid after June 30th, unless the individual has met all requirements before that date and is waiting to receive a renewal document.

B. On July 1st

Any certificant or licensee for whom the Division has not received either a renewal application packet, an upgrade application packet (Upgrade Option) or a special request by June 30th will be considered expired. The

status of all such certification/licensure will be changed to Lapsed on July 1st. See Chapter 3, Section 7, C., (3), p. 17 for more information on Lapsed status.

C. July 31st Deadline

(1) Between July 1st and July 31st, professional certification or licensure which has Lapsed due to failure to renew may be returned to Current status upon submission to the Division of all required renewal application forms/materials, payment in full of the Renewal Fee plus payment of a Late Renewal Penalty Fee. See Chapter 6, Section 1, G., p. 36 and Section 5, p. 38 for more information on the Late Renewal Penalty Fee.

(2) Problems with renewal applications must be resolved by July 31st.

(3) Problems with upgrade applications from CMHT to LCMHT submitted under the Upgrade Option must be resolved by July 31st. Otherwise, the CMHT credential must be renewed by the same deadline (July 31st).

(4) Problems with special requests submitted at the time of renewal must be resolved by July 31st.

(5) Any certification or licensure which has not completed either renewal or upgrading under the Upgrade Option by July 31st is expired. This includes the loss of any grandfathering privileges, if applicable.

D. Beginning August 1st

On and after August 1st, an individual whose professional certification/licensure has Lapsed due to failure to renew will be required to repeat the application process and meet all current certification/licensure requirements. See Chapter 3, Section 7, C., (3), p. 17 for more information on Lapsed status.

Section 7: Staff Development Officer

A. The Staff Development Officer (SDO) is a professional employee of a program as described in Chapter 3, Section 1, C., p. 7 who is responsible for maintaining staff development records and verifying ongoing inservice/training for both upgrade and renewal applicants.

B. More information on the role of the Staff Development Officer is located in Chapter 4, Section 1, H., pp. 22-23. Carefully review this information before submitting a renewal application packet.

CHAPTER 6

Fees

Section 1: Fee Schedule

The schedule for professional certification/licensure fees is as follows:

A. Application Fee: \$75.00

This fee is due with the submission of the application packet for both initial applications and upgrade applications. It includes two years of certification/licensure and the cost of the certificate. See Chapter 4, Section 1, A., p. 19; Chapter 4, Section 2, A., p. 23; Chapter 4, Section 3, A., p. 24; and, Chapter 4, Section 4, A., pp. 25-26 for more information on the application packet and Application Fee.

B. Module/Examination Fee: \$50.00

This fee is due at least ten (10) working days prior to the beginning of each Module and must accompany the individual's registration to attend a Module. It is to be paid once per Module for three modules. Over the twenty-four (24) months of provisional certification (PCMHT), the total for all three Modules will be \$150.00. See Chapter 3, Section 6, pp. 13-15 for more information on registration to attend the Mental Health Core Training Program (MH-CTP).

C. Renewal Fee: \$60.00

This fee is due with the submission of the renewal application packet at the conclusion of each two-year Certification/Licensure Period. It includes two years of continued certification/licensure and the cost of the renewal document. See Chapter 5, pp. 29-35 for more information on the renewal application packet and Renewal Fee.

D. Reexamination Fee: \$25.00

This fee is due with the registration of an individual to sit for a repeat administration of an examination. See Chapter 3, Section 6, G., pp. 14-15 for more information on registration for reexamination.

E. Certificate Replacement Fee: \$25.00

This fee is due with the written request for a replacement certificate. See Chapter 6, Section 4, pp. 37-38 for more information on replacement certificates. Payment of this fee is applicable separately to each request for a replacement certificate.

F. Renewal Document Replacement Fee: \$10.00

This fee is due with the written request for a replacement renewal document. See Chapter 6, Section 4, pp. 37-38 for more information on replacement renewal documents. Payment of this fee is applicable separately to each request for a replacement renewal document.

G. Late Renewal Penalty Fee: \$25.00

This fee is imposed when individuals have allowed their professional certification or licensure to lapse. It will be imposed by the Division from July 1st through July 31st following biennial renewal. See Chapter 5, Section 5 and Section 6, pp. 33-35 and Chapter 6, Section 5, p. 38 for more information on renewal deadlines and the Late Renewal Penalty Fee.

H. Mailing Label Fee: \$35.00

This fee is due with the written request for mailing labels. It covers the supplies, staff time and printing costs of producing mailing labels. This fee is applicable per category of professional certification/licensure (Example: mailing labels for all Mental Health Therapists is one category; mailing labels for all Mental Health Therapists and all Mental Health Therapists is two categories). See

Chapter 6, Section 6, p. 38 for more information on requesting mailing labels.

I. Nonsufficient Funds Fee: \$25.00

This fee may be imposed by the Division for any check returned due to insufficient funds.

Section 2: General Provisions

- A. All fees paid related to DMH professional certification/licensure are nonrefundable.
- B. Fees shall be paid in full with a check or money order made payable to The Mississippi Department of Mental Health. Cash is not accepted.
- C. No application shall be considered complete unless accompanied by the required fees.
- D. Upon request, individuals submitting upgrade applications for full certification (CMHT) or licensure (LCMHT) in the middle of the two-year professional Certification/Licensure Period may have their Application Fee prorated on a schedule determined by the Division. If interested in proration, individuals must contact the Division prior to submitting an application packet.
- E. Proration of applicable fees is not available for initial applications for provisional certification, for renewal applications for full certification or licensure, or for upgrade applications submitted under the Upgrade Option.

Section 3: Mental Health Core Training Program

- A. Each of the Modules and corresponding examinations requires payment of a Module/Examination Fee of \$50.00. This fee should be received by the Division at least ten (10) working days prior to the first day of the Module.
- B. The Module/Examination Fee is to be paid once per Module for three (3) modules. Over

the twenty-four (24) months of provisional certification (PCMHT), the total for all three Modules will be \$150.00.

- C. An individual sitting for a repeat administration of an examination must pay the required Reexamination Fee of \$25.00.
- D. Upon failing an examination the first and second times, an individual shall be required to repeat the entire Module and examination, including payment of the \$50.00 Module/Examination Fee. See Chapter 3, Section 6, G., pp. 14-15 for more information on Reexamination requirements.
- E. If a registered individual fails to appear for a scheduled Module, Examination or Reexamination, fees paid shall be forfeited.

Section 4: Replacement of a Certificate or Renewal Document

- A. Original certificate charges are included in the Application Fee. The required fee for replacing a certificate is \$25.00. See Chapter 6, Section 1, E., p. 36 for more information on the Certificate Replacement Fee.
- B. Original renewal document charges are included in the Renewal Fee. The required fee for replacing a renewal document is \$10.00. See Chapter 6, Section 1, F., p. 36 for more information on the Renewal Document Replacement Fee.
- C. The Division shall replace a certificate or renewal document as is indicated below.
 - (1) Printing Error: A certificate or renewal document containing a printing error shall be replaced free of charge by the Division upon receipt of a written request and the incorrectly printed certificate.
 - (2) If Damaged: The Division may replace a damaged certificate or renewal document upon receipt of a written request, the remnants of the original certificate/renewal document, and payment of the

appropriate replacement fee(s).

- (3) If Lost, Stolen or Totally Destroyed: The Division may replace a lost, stolen or totally destroyed certificate or renewal document upon receipt of a written request, a notarized statement clearly stating what happened to the original and payment of the appropriate replacement fee(s).
- (4) If Name Has Changed: The Division may produce a certificate or renewal document bearing the individual's new legal name upon receipt of a written request, the original certificate/document, copy of legal documentation indicating the new legal name and payment of the appropriate replacement fee(s).
- (5) If Never Received: The Division may produce a replacement certificate or renewal document at no charge for a provisional certificant/certificant/licensee claiming never to have received his/her certificate/renewal document. In order to make this claim, the individual must submit a notarized affidavit clearly stating that he/she has not received his/her original certificate/renewal document and that, if the original does appear, it will be returned to the Division.

Section 5: Late Renewal Penalty

- A. During the month of July, a certificant/licensee submitting a late renewal application shall pay a Late Renewal Penalty Fee. See Chapter 6, Section 1, G., p. 36 for more information on the Late Renewal Penalty Fee.
- B. No late renewal application shall be considered complete unless accompanied by the Late Renewal Penalty Fee.

Section 6: List of Provisional Certificants, Certificants and Licensees/Mailing Labels

- A. The list of current provisional certificants, certificants and licensees shall be updated at least biennially at the time of renewal.
- B. The list of current provisional certificants, certificants and licensees may be made available in the form of mailing labels upon written request and payment of the required Mailing Label Fee. See Chapter 6, Section 1, H., pp. 36-37 for more information on the Mailing Label Fee.
- C. A list of currently credentialed individuals will be made available to Mississippi state agencies upon request at no cost; however, requests for mailing labels must be accompanied by the Mailing Label Fee.

CHAPTER 7

Professional Responsibilities

Section 1: Scope of Practice

- A. Provisionally Certified Mental Health Therapists, Certified Mental Health Therapists, and Licensed Clinical Mental Health Therapists are certified/licensed to provide services involving the application of the principles, methods, and procedures of mental health service within the state mental health system. See Chapter 3, Section 1, C., p. 7 for a description of the state mental health system.
- B. This professional certification/licensure does not qualify an individual to provide services outside this scope of practice or in private practice. Practicing beyond the scope of practice may lead to sanctions as described in Chapter 8, Section 4, p. 46 of these regulations.

Section 2: Principles of Ethical and Professional Conduct

- A. All applicants, Provisionally Certified Mental Health Therapists, Certified Mental Health Therapists, and Licensed Clinical Mental Health Therapists shall comply with ethical standards/principles as established by the Review Board and the Department of Mental Health.
- B. Introduction

The State Legislature granted Statutory Authority for Mississippi Department of Mental Health certification/licensure programs in 1996. As a result, the Division of Professional Licensure and Certification was created to develop and implement the programs. Having been amended by the State Legislature in 1997, Section 41-4-7 of the Mississippi Code of 1972, Annotated currently includes a provision authorizing the State Board of Mental Health to

certify/license case managers, mental health therapists, mental retardation therapists, mental health/mental retardation administrators, addiction counselors and others as deemed appropriate by the State Board of Mental Health.

The Mississippi Department of Mental Health Division of Professional Licensure and Certification Review Board is designed to serve as the governing body to the everyday professional conduct of Mississippi Department of Mental Health credentialed individuals. The individuals credentialed through the Mississippi Department of Mental Health may identify with different professional associations and are often certified by other groups that promulgate codes of ethics. The Mississippi Department of Mental Health Principles of Ethical and Professional Conduct (Chapter 7, Section 2, pp. 39-42), herein referred to as "the principles," provides a minimal ethical standard for the professional behavior of all individuals credentialed through the Mississippi Department of Mental Health. The principles provide a level of expectation for ethical practice from all who hold a Mississippi Department of Mental Health credential. In addition, the principles serve the purpose of having an enforceable standard for all Mississippi Department of Mental Health credentialed individuals and facilitates an avenue for recourse in case of a perceived ethical violation.

Applicable federal and state laws, the principles, program policies and any other pertinent rules must be observed when conducting business as a Mississippi Department of Mental Health credentialed professional. Alleged violations of the principles may be subject to disciplinary action if the Review Board finds that a person is guilty of any violation of the principles. For more information on disciplinary action see the Rules, Regulations and Application Guidelines for each individual discipline.

While the principles cannot guarantee ethical practice by all Mississippi Department of Mental Health credentialed individuals or resolve all issues, the intent of the principles is to provide guidelines for individuals who, in good faith, seek to make reliable ethical judgements. Six general principles of ethical and professional conduct follow. For more specific information on professional responsibility see the Rules, Regulations and Application Guidelines document for each individual discipline.

C. Principle I: Competence

- (1) Individuals holding a current credential from the Mississippi Department of Mental Health must be employed by a program that receives funding from or is certified /licensed or administered by the Mississippi Department of Mental Health.
- (2) Individuals who hold a credential through the Mississippi Department of Mental Health must notify the Division of Professional Licensure and Certification upon any change affecting credential status, especially a change in employment.
- (3) Individuals holding a credential from the Mississippi Department of Mental Health must provide services and represent themselves as competent within the boundaries of their education, training, license, certification, supervised experience or other relevant professional experience. Services provided must be based on the most current information and knowledge available within the scope of the services of the Mississippi Department of Mental Health.
- (4) Individuals who hold another professional credential shall abide by all principles contained herein.

- (5) The principles do not alleviate the individual responsibility to ethical, programmatic, or professional guidelines.
- (6) The principles must be adhered to in addition to applicable ethical, programmatic and professional criteria.

D. Principle II: Confidentiality

- (1) Individuals holding a credential from the Mississippi Department of Mental Health have an obligation to respect the confidentiality rights of the clients with whom they work and must take reasonable precautions to preserve confidentiality.
- (2) Members of a treatment team or those collaborating on the care of a client shall maintain confidentiality within the parameters of the treatment setting.
- (3) Confidential information may only be disclosed with appropriate valid consent from a client or a person legally authorized to consent on behalf of the client.
- (4) All information collected for the purpose of service delivery must be kept confidential and released only when authorized by a re-disclosure consent or state law.
- (5) Clients involved in family, couples, marital or group counseling must be informed of their individual right to confidentiality.
- (6) Credentialed individuals must preserve the confidentiality of information shared by others as well as agency policy concerning the disclosure of confidential information and must explain these to the client.
- (7) When consulting with colleagues, credentialed individuals do not share

confidential information that could lead to the identification of a client with whom they have a confidential relationship unless they have obtained the prior consent of the person. Information may only be shared to the extent necessary to achieve the purposes of consultation.

- (8) Permission for the use of electronic recording of interviews must be secured, prior to the interview, from the client or a person legally authorized to consent on behalf of the client.
- (9) Confidentiality may be waived if disclosure is necessary to prevent serious, foreseeable, and imminent harm to one's self or other identifiable person or when laws or regulations require disclosure without a client's consent.
- (10) The client's confidentiality privilege is waived if the client brings charges against a credentialed individual.
- (11) Confidentiality may be waived in compliance with appropriate state statutes.
- (12) In all instances, individuals who hold a credential from the Mississippi Department of Mental Health should disclose the least amount of confidential information necessary to achieve the desired purpose.

E. Principle III: Respect for People's Rights and Dignity

- (1) Individuals who hold a credential from the Mississippi Department of Mental Health have a primary responsibility to the client. The respect of the fundamental rights, dignity and worth of all people is of the utmost importance.
- (2) Credentialed individuals must be aware of and accept the cultural, individual and

role differences that occur in the service delivery environment.

- (3) Individuals holding a credential from the Mississippi Department of Mental Health do not discriminate against any client because of race, color, creed, sex, religion, national origin, age, disability or political affiliation.
- (4) Mississippi Department of Mental Health credentialed individuals actively work to eliminate the effect of bias on the provision of services, and they do not knowingly participate in or condone discriminatory practices.
- (5) Individuals holding a credential from the Mississippi Department of Mental Health who witness or have knowledge of unethical or discriminatory practices of other individuals holding a Mississippi Department of Mental Health credential are obligated to report such practices to the Division of Professional Licensure and Certification. For more information on the complaints process, see the Rules, Regulations and Application Guidelines document for each individual discipline.

F. Principle IV: Vulnerable Adults Act

A "Vulnerable Adult" is defined by Section 43-47-5 (m) of the Mississippi Code of 1972, Annotated as, "a person eighteen (18) years of age or older or any minor not covered by the Youth Court Act who is present in the state and who, regardless of residence, is unable to protect his or her own rights, interests, and/or vital concerns and who cannot seek help without assistance because of physical, mental or emotional impairment. The term "vulnerable adult" shall also include all residents or patients, regardless of age, in a care facility for the purposes of prohibition against abuse, neglect, or exploitation."

- (1) Individuals who hold a credential from the Mississippi Department of Mental Health must acknowledge Section 43-47-5

(m) of the *Mississippi Code of 1972, Annotated* definition of "Vulnerable Adult."

- (2) Individuals credentialed by the Mississippi Department of Mental Health are responsible for knowing the responsibilities of their role within the purview of Section 43-47-5 (m) of the *Mississippi Code of 1972, Annotated* (the Vulnerable Adults Act).
- (3) Mississippi Department of Mental Health credentialed individuals will be accountable under Section 43-47-5 (m) of the *Mississippi Code of 1972, Annotated* (the Vulnerable Adults Act) to protect the rights, interests and/or vital concerns of their clients.

G. Principle V: Sexual Harassment/Misconduct

Sexual harassment/misconduct is considered to be any unwelcome solicitation, physical advance, or verbal or nonverbal conduct that is sexual in nature. Sexual harassment/misconduct can consist of a single onerous act or of multiple persistent or pervasive acts.

- (1) Individuals who hold a credential from the Mississippi Department of Mental Health will not knowingly engage in behavior that is sexually harassing or demeaning to persons with whom they interact within the service delivery environment.
- (2) Any behavior that could be construed as sexual harassment during the DMH credentialed individual's function of providing services for a program that is funded/certified/administered through the Department of Mental Health, shall be subject to disciplinary action.

H. Principle VI: Drug Free Workplace

The Department of Mental Health adopted written policy in Sections 71-7-1 through 71-7-31 of the *Mississippi Code of 1972, Annotated*

which outlines State policy on Drug Free Workplace. Programs funded/certified/administered and individuals who hold a credential through the Mississippi Department of Mental Health will be expected to abide by this provision.

Section 3: Professional Identification

- A. A person issued a certificate by the Department of Mental Health may use the title appropriate to his/her category of professional certification/licensure while in the employ of a program as described in Chapter 3, Section 1, C., p. 7.
- B. Professional identification is directly affected by employment. Provisional Certificants/Certificants/Licensees who experience a change in or separation from applicable employment are expected to follow Chapter 7, Section 4 and Section 5 on pp. 42-43.
- C. Recognized professional titles are:
 - (1) "Provisionally Certified Mental Health Therapist" or the abbreviation "PCMHT";
 - (2) "Certified Mental Health Therapist" or the abbreviation "CMHT"; and,
 - (3) "Licensed Clinical Mental Health Therapist" or the abbreviation "LCMHT."

Section 4: Reporting Changes in Vital Information

- A. Applicants, Provisional Certificants, Certificants and Licensees are required to notify the Division within fourteen (14) days of changes in vital information such as legal name, address, employment, etc.
- B. Applicants, Provisional Certificants, Certificants or Licensees reporting a change in name must submit a copy of legal documentation indicating the change in legal name. Copies of social security cards, a marriage license, etc., are acceptable. Individuals reporting a change in legal name

are also expected to request a replacement certificate; see Chapter 6, Section 4, pp. 37-38 for more information on requesting a replacement certificate.

- C. Applicants, Provisional Certificants, Certificants or Licensees reporting a change in address may contact the Division by telephone, fax or in writing with the new information.
- D. Applicants, Provisional Certificants, Certificants or Licensees reporting a change in employment will complete and submit a new Verification of Employment Form from the current place of employment.

Section 5: Separation From Applicable Employment

- A. Upon separation of the provisional certificant/certificant/licensee from applicable employment as described in Chapter 3, Section 1, C., p. 7, the individual is expected to either:
 - (1) Relinquish his/her DMH credential and return to the Division his/her certificate attesting to DMH professional licensure; OR,
 - (2) Seek Extended status (for PCMHTs) or Inactive status (for CMHTs/LCMHTs). See Chapter 3, Section 7, B., (2), p. 15 and Chapter 3, Section 7, C., (2), pp. 16-17 for procedures to request such a change in status.
- B. Unless the individual holds Extended status (for PCMHTs), Inactive status (for CMHTs/LCMHTs) or Retired status, the individual separated from applicable employment as described in Chapter 3, Section 1, C., p. 7 ceases to hold DMH professional certification/licensure and must also cease using the DMH professional title(s).

- C. In accordance with Chapter 7, Section 4, A., p. 42, any provisional certificant/certificant/licensee shall notify the Division in writing within fourteen (14) days of a change in employment.

Section 6: Department of Mental Health Reporting Requirement

In accordance with state law, the Division makes regular reports to the Department of Human Services Division of Child Support Enforcement regarding certification/licensure status.

CHAPTER 8

Complaints, Disciplinary Hearings, Sanctions, Disciplinary Appeal

Section 1: Grounds for Disciplinary Action

- A. Provisional certificants, certificants and licensees shall conduct their activities and services in accordance with applicable federal and state laws, these rules and regulations, ethical principles and any other applicable rules.
- B. A provisional certificant, certificant or licensee may be subject to the exercise of disciplinary action if the Review Board finds that he/she is guilty of any of the following or has knowledge of the following and has not reported such to the Division. Grounds for disciplinary action include, but are not limited to:
- (1) Negligence in the practice or performance of professional services or activities;
 - (2) Engaging in dishonorable, unethical, unprofessional conduct of a character likely to deceive, defraud, or cause harm in the course of professional services or activities;
 - (3) Engaging in lewd conduct in connection with professional services or activities;
 - (4) Obtaining a Department of Mental Health certificate or renewal document by fraud, deceit, material deception or other misrepresentation;
 - (5) Perpetrating or cooperating in fraud or material deception in obtaining or renewing certification/licensure or attempting the same;
 - (6) Being convicted of any crime which has a substantial relationship to the provisional certificant's/certificant's/ licensee's activities and services or an essential element of which is misstatement, fraud, or dishonesty;
 - (7) Being convicted of any crime which is a felony under federal or state law;
 - (8) Engaging in or permitting the performance of unacceptable services personally or by assistants working under the provisional certificant's/certificant's/licensee's supervision due to the provisional certificant's/certificant's/licensee's deliberate or grossly negligent act or failure to act, regardless of whether actual damage is established;
 - (9) Treating any person differentially or detrimentally because of race, color, creed, age, sex, religion, national origin, or disability;
 - (10) Engaging in false or misleading advertising;
 - (11) Revealing confidential information except as may be required by law;
 - (12) Failing to inform a client of the fact that the client no longer needs the services of the provisional certificant/certificant/licensee;
 - (13) Performing services for compensation or representing oneself as a DMH-certified/licensed professional while holding a certificate in a Suspended, Surrendered, or Revoked status;
 - (14) Attempting to utilize the certificate issued by the Department of Mental Health for private practice or for services outside the scope of practice;
 - (15) Engaging in any conduct considered by the Review Board to be detrimental to the profession; or,
 - (16) Engaging in any conduct considered by the Review Board to be in violation of the

Principles of Ethical and Professional Conduct.

Section 2: Complaints and Investigation

- A. All complaints concerning a provisional certificant's/certificant's/licensee's professional service or activities shall be received by the Division.
- B. The Division shall log each complaint by recording the following information:
 - (1) Provisional certificant's/certificant's/licensee's name;
 - (2) Name of complaining party, if known;
 - (3) Date of complaint;
 - (4) Brief statement of complaint; and,
 - (5) Disposition or attempts at settlement.
- C. All complaints shall be investigated and evaluated by the Review Board.
- D. The Review Board shall make the determination of the necessity of a disciplinary hearing.

Section 3: Notice of Complaint and Disciplinary Hearing

- A. The Review Board shall notify the provisional certificant/certificant/licensee that a complaint has been received and that a disciplinary hearing will be held.
- B. The provisional certificant/certificant/licensee shall be notified at least thirty (30) days before the date of the disciplinary hearing. Notification shall be considered to have been given if the notice was personally received by the provisional certificant/certificant/licensee or if the notice was mailed "certified, return receipt requested" to the last known address as listed with the Division.

- C. This notice shall inform the provisional certificant/certificant/licensee of the facts which are the basis of the complaint and which are specific enough to enable the provisional certificant/certificant/licensee to defend against the complaint. The notice of the complaint and the disciplinary hearing shall also inform the provisional certificant/certificant/licensee of the following:

- (1) The date, time and location of the disciplinary hearing;
- (2) That the provisional certificant/certificant/licensee may appear personally at the disciplinary hearing and may be represented by counsel;
- (3) That the provisional certificant/certificant/licensee shall have the right to produce witnesses and evidence on the provisional certificant's/certificant's/licensee's behalf and shall have the right to cross-examine adverse witnesses and evidence;
- (4) That the Rules of Evidence do not apply;
- (5) That the disciplinary hearing could result in sanctions being taken against the provisional certificant/certificant/licensee;
- (6) That within fifteen (15) days of the disciplinary hearing, the Review Board shall, in writing, advise the provisional certificant/certificant/licensee what sanctions, if any, shall be imposed and the basis for the Review Board's action; and,
- (7) That disposition of any formal complaint may be made by consent order or stipulation between the Review Board and the provisional certificant/certificant/licensee.

- D. The disciplinary hearing shall be an informal hearing and shall be presided over by the Chairperson of the Review Board.

- E. Within fifteen (15) days of the disciplinary hearing, the Review Board shall provide written notification to the provisional certificant/certificant/licensee as to what sanctions, if any, shall be imposed and the basis for the Review Board's action.
- F. All disciplinary hearing proceedings are matters of public record and shall be preserved pursuant to state law.

Section 4: Sanctions

The Review Board may impose any of the following sanctions, singly or in combination, when it finds that a provisional certificant/certificant/licensee is guilty of any of the offenses referred to in Chapter 8, Section 1, pp. 44-45:

- A. Issuance of a letter of official reprimand to the provisional certificant/certificant/licensee;
- B. Refusal to renew a certificate;
- C. Restriction or limitation of the individual's scope of practice;
- D. Suspension of the certificate, for any period of time;
- E. Revocation of the certificate;
- F. Approval of the individual's request for surrender of certification/licensure; or,
- G. Imposition of a monetary penalty of not more than \$1,000.00.

Section 5: Disciplinary Appeal

- A. Following a disciplinary hearing, a provisional certificant/certificant/licensee aggrieved by a decision of the Review Board related to the disciplinary action/sanctions shall have the right to appeal to the Executive Director. The provisional certificant/certificant/licensee must notify the Division within fifteen (15) days of receipt of the written notification of the Review Board's

action.

The Executive Director shall review the provisional certificant's/certificant's/licensee's case and notify the provisional certificant/certificant/licensee of the results of this review within thirty (30) days.

- B. A provisional certificant/certificant/licensee aggrieved by the decision of the Executive Director regarding the appeal, may then appeal to the State Board of Mental Health. Appeals to the State Board of Mental Health must be made and conducted in accordance with established Board policy (Policy D-0025 entitled "Appeals to the Board of Mental Health").

The provisional certificant/certificant/licensee must notify the Division within fifteen (15) days of receipt of the written notification of the Executive Director's decision.

The State Board of Mental Health shall review the provisional certificant's/certificant's/licensee's case and notify the provisional certificant/certificant/licensee of the results of this review within forty-five (45) days.

- C. Further appeal shall be pursuant to any remedies available at law.

CHAPTER 9

Application Forms and Directions

Section 1: Directions and Forms for Initial Application (PCMHT)

- A. Read all directions and application forms/materials before beginning the application process, as the required Application Fee is nonrefundable.
- B. Directions
- (1) Requirements for PCMHT are found in Chapter 3, Sections 1-2, pp. 7-10, of this document.
 - (2) General directions applicable to the application process are found in Chapter 4, Section 1, pp. 19-23 of this document.
 - (3) Specific directions for submitting an application packet for provisional certification (PCMHT) are found in Chapter 4, Section 2, pp. 23-24 of this document.
 - (4) Directions are also found at the top of each form. Careful reading and following of these instructions will reduce the possibility of a delay in the processing of your application.
 - (5) An Initial Application Checklist listing the required contents of an application packet is provided for the applicant's convenience on p. 48 of this document.
- C. Forms

The following forms used for **Initial Application** for the Mental Health Therapist Program are provided in this chapter:

- (1) Application Form (pp. 49-51)
- (2) Verification of Employment Form (p. 52)
- (3) Verification of Experience Form (pp. 53-55)
- (4) Supervisor Vita (Optional) (pp. 56-57)

NOTE: Supervisors who hold a CMHT or LCMHT or LMH/MRA credential or who are the Chair of the applicant's governing Board/Commission and who have indicated this credential/position in item #15 of the Verification of Experience Form do not need to submit a Supervisor Vita. Supervisors who do not hold any of these credentials/positions are required to submit either a personal vita or the Supervisor Vita Form - whichever is more convenient. Such Supervisors are expected to meet the Education requirement for CMHT or LCMHT, as well as to have at least two years of experience in the field of mental health in order to be considered "qualified" for the purposes of this program. See Chapter 3, Section 5, p. 12 for more information on CMHT/LCMHT eligibility.

**Initial Application Checklist
(PCMHT)**

1. Before mailing your application packet to the Division, check to be sure that it contains the following:

☐ **A notarized, completed Application Form**

This three-page form is to be completed by the Applicant and notarized.

☐ **A completed Verification of Employment Form**

This one-page form is to be completed, sealed in an envelope and signed across the envelope's seal by the Personnel Officer at the Applicant's current place of employment.

☐ **Official Transcript(s)**

The original Official Transcript(s) must be sealed in the original envelope(s) provided by the approved educational institution. No photocopies of transcripts will be accepted. If the approved educational institution will not issue an Official Transcript to the Applicant, the institution may submit the Official Transcript directly to the Division. Only graduate-level transcripts are required. **This is the only item that may be submitted separately from the application packet.**

☐ **Completed Verification of Experience Form(s) (OPTIONAL)**

An application packet for Provisionally Certified Mental Health Therapist (PCMHT) may be submitted with no Verification of Experience Form(s); however, if the Applicant chooses to report applicable experience, it must be submitted appropriately. The Applicant is responsible for completing Section I of the three-page Verification of Experience Form and forwarding **ALL THREE PAGES** of the form to the Supervisor. The Supervisor completes Section II, seals the entire three-page form and his/her vita, if required, in an envelope and signs across the envelope's seal. The Supervisor then returns the sealed and signed envelope to the Applicant for inclusion in the application packet.

☐ **Application Fee**

A check or money order made payable to the Mississippi Department of Mental Health in the amount of \$75.00. **This fee is nonrefundable.**

2. Mail your complete application packet to:

**Mississippi Department of Mental Health
Division of Professional Licensure and Certification
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201**

APPLICATION FORM
for
Provisionally Certified Mental Health Therapist (PCMHT)
(To be completed by the Applicant)

-Personal Information-

Directions: Please print or type all information, filling in every blank.

1.a. Name: ☐ Mr. ☐ Ms. ☐ Dr. _____
(Type or Print name as it should appear on certificate)

b. Name(s) used on Transcripts/Records if different from above: _____

2. Social Security Number: _____ - _____ - _____ 3. Driver's License Number: _____ - _____ - _____

(if different)

4. Date of Birth: _____ / _____ / _____

5. Gender: ☐ Male ☐ Female

6. (a) Mailing Address: _____ () _____
(Street or P.O. Box) (Telephone)

_____ (City) (State) (Zip Code) (County)

6. (b) Email Address: _____

7. Place of Employment: _____

8. Business Address: _____
(Street or P.O. Box)

_____ (City) (State) (Zip Code) (County)

() () _____
(Business Telephone) (Business Fax)

9. Membership in Professional Organizations, Societies and Associations, etc:

Name of Organization	Date of Membership	Offices Held	Active or Inactive

Applicant Name: _____

SSN: _____

-Educational Background-

10. Education and Training:

Circle highest year of college or university completed:							
1	2	3	4	5	6	7	8

College or University	Degree	Date	Major	#Hrs

11. Official transcript(s) included in this application packet by the Applicant:

Official transcript(s) requested by the Applicant to be mailed directly to the Division:

12. (Optional) Attach a brief description of any other education or training not covered in Item #10 above.

13. Other Certifications or Licenses in any State:

Title/ Type	License Number	Date Licensed	Exp. Date	Name and State of Licensing Agency

Applicant Name: _____

SSN: _____

-Supervised Experience-

14. Select and complete one of the following for reporting applicable work experience (**Check Only One**).

- ☐ **Applicant Not Reporting Experience:** I am not reporting any applicable work experience due to the fact that either I am a new employee and do not yet have any such experience, or I do have applicable work experience but choose not to report it at this time. My application packet will not contain a Verification of Experience Form from a supervisor. My current supervisor's name and title follows:

(Name of Supervisor)

(Title)

- ☐ **Applicant Reporting Experience:** I have applicable work experience which is detailed on the accompanying Verification of Experience Form(s). Included in this application packet are Verification of Experience Forms from the following supervisors (please print/type name and title):

1. _____
(Name of Supervisor) (Title)
2. _____
(Name of Supervisor) (Title)
3. _____
(Name of Supervisor) (Title)

-Affidavit-

State of _____ County of _____

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements contained herein are true in every respect; that he/she will conform to the Principles of Ethical and Professional Conduct of the Mississippi Department of Mental Health; and, that he/she has read and understood this affidavit.

Signature of Applicant

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Notary Public

My commission expires _____
Date

Official Seal

Applicant Name: _____

SSN: _____

VERIFICATION OF EMPLOYMENT FORM (PCMHT)

(To be completed by the Personnel Officer at the Applicant's current place of employment)

Directions: Upon completion, the Personnel Officer should seal the form in an envelope and sign his/her name across the envelope's seal. The signature on the envelope should match the signature on the enclosed form. The Personnel Officer should then return the sealed envelope to the **Applicant** for submission to the Division. **Please print or type all information, filling in every blank.**

1. Position:

I verify that _____ (_____)
(Name of the Applicant) (Date of Hire)

is employed at _____
(Place of Employment)

at _____ in the
(Complete Address of Place of Employment)

position of _____ ☐FT ☐PT at _____ %
(Applicant's Job Title) (Select one and indicate % if PT)

which includes the provision of services to individuals with mental illness/emotional disturbances.

2. Background Check:

As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? ☐Yes ☐No

If "No" was checked, please explain (include an attachment, if necessary):

3. Program Qualification:

a. Is your program certified/licensed by the Department of Mental Health? ☐Yes ☐No

b. Does your program receive funding from/through the Department of Mental Health? ☐Yes ☐No

c. Is your program licensed by the Department of Health in addition to Department of Mental Health programmatic certification? ☐Yes ☐No

4. Program Phone Number () _____ Program Fax Number () _____

(Signature of Personnel Officer)

(Date)

Applicant Name: _____

SSN: _____

VERIFICATION OF EXPERIENCE FORM (PCMHT)

Directions for Applicant:

This form may be duplicated for use with more than one Supervisor. The Applicant should complete **only** Section I below and **FORWARD ALL THREE PAGES OF THIS FORM TO EACH SUPERVISOR FOR COMPLETION**. After completion, the Applicant should collect a sealed envelope (containing this form, etc.) with the Supervisor's signature across the envelope's seal from each Supervisor and submit it with the other required application materials to the Department of Mental Health (DMH) Division of Professional Licensure and Certification (Division). **Note that dates of supervised experience should always be expressed in dates indicating the month and year; terms such as "Present" or "Current" should not be used.**

SECTION I: (To be completed by the Applicant)

Please print or type all information, filling in every blank.

1. Applicant Name: _____
(Last) (First) (Maiden/MI)
2. Address: _____
(Street or P.O. Box)

(City) (State) (Zip Code) (County)
3. Telephone: () _____ Fax: () _____
() _____
4. I am applying for the following Department of Mental Health professional credential (please check):
☐ Provisionally Certified Mental Health Therapist (PCMHT)
5. Applicant's experience meeting the requirements for certification/licensure under this Supervisor:

Dates of Supervised Experience: From _____ to _____ Month/Year Month/Year
Place of Employment: _____
Program Address: _____
Exact Title of your Position: _____
Brief Description of Work: _____
Supervisor Name/Title: _____
Select one and indicate percentage if Part-Time: <input type="checkbox"/> Full-Time (40 hours/week) <input type="checkbox"/> Part-Time _____ %

Applicant Name: _____

SSN: _____

SECTION II: (To be completed by the Supervisor)

Directions for Supervisor:

As part of the DMH Mental Health Therapist certification/licensure program, Supervisors are asked to verify an Applicant's experience in the field of mental health. This three-page form should come to you with Section I completed by the Applicant. Please complete Section II and seal all three pages of this form and your vita, if applicable, in an envelope. You should sign your name across the seal on the back side of the envelope and return it to the Applicant who is responsible for collecting all application materials and submitting one application packet. DMH Division staff will check to ensure that the signature across the seal matches the Supervisor's signature on the form. **This information will be kept confidential by the Division, although the Applicant may be informed by the Division as to whether the evaluation is generally favorable or unfavorable.** The information provided will not be reviewed unless all areas of this form are complete.

Supervisors should carefully consider their response to Item 15. If you do not currently hold a DMH CMHT or LCMHT credential, but are CMHT/LCMHT-eligible, you will need to also include a current vita in the same envelope. More information on CMHT/LCMHT eligibility can be found in Chapter 3, Section 5, p. 12 and in the note found at the bottom of p. 47.

Please print or type all information, filling in every blank.

6. Supervisor Name: _____
(Last) (First) (Maiden/M)

7. Supervisor Title: _____

8. Address: _____
(Street or P.O. Box)

(City) (State) (Zip Code)

9. Telephone: () _____ Fax: () _____
() _____

10. In what capacity have you supervised the Applicant?

- | | |
|---|---|
| <input type="checkbox"/> Immediate Supervisor | <input type="checkbox"/> Supervisor of the Immediate Supervisor |
| <input type="checkbox"/> Program's Executive Director | <input type="checkbox"/> Chair of Governing Board/Commission |

11. The Applicant was under your supervision during the following employment period:

From _____ To _____
(Month/Year) (Month/Year)

12. At the time of supervision, the Applicant's employment was (check only one):

- ☐ Full-Time Employment (40 hours/week)
☐ Part-Time Employment at _____ %
☐ Graduate-Level Internship or Practicum

Applicant Name: _____

SSN: _____

13. Describe professional duties the Applicant performed under your supervision: _____

14. Please check one of the following statements (check only one and attach explanation if you select the second or third option):

- ☐ **I recommend**, without reservation, that the Applicant be considered for certification/licensure.
- ☐ As described in the attached explanation, I recommend, with some reservations, that the Applicant be considered for certification/licensure. ☐ Explanation Attached
- ☐ As described in the attached explanation, I do **not** recommend that the Applicant be considered for certification/licensure. ☐ Explanation Attached

15. In accordance with the Rules and Regulations of Mental Health Therapist certification/licensure, I am qualified to serve as a Supervisor because I am not a member of the Applicant's immediate family and because I meet one of the following requirements (check one):

- ☐ I hold a professional credential as a Department of Mental Health Certified Mental Health Therapist (CMHT).
- ☐ I hold a professional credential as a Department of Mental Health Licensed Clinical Mental Health Therapist (LCMHT).
- ☐ I hold a professional credential as a Department of Mental Health Licensed Mental Health/Mental Retardation Administrator (LMH/MRA).
- ☐ I am the Chairperson of the following governing Board or Commission: _____
- ☐ I am eligible to hold either the Department of Mental Health CMHT or LCMHT professional credential **and have attached a vita proving this eligibility.**

I have read the foregoing statements and any document(s) attached, and to the best of my knowledge, the information contained in this form is true and correct.

(Signature of Supervisor)

(Date)

Applicant Name: _____

SSN: _____

SUPERVISOR VITA (Optional)

Directions: This form may be submitted by a CMHT/LCMHT-eligible Supervisor rather than a personal vita/resume. (More information on CMHT/LCMHT eligibility can be found in Chapter 3, Section 5, p. 12 and in the note found at the bottom of p. 47.) The Supervisor's vita should be included in the same envelope as the Verification of Experience Form.

I. PERSONAL INFORMATION

Name: _____ Title: _____

Current Mailing Address: _____

Home Telephone: () _____ Business Telephone: () _____

Fax: () _____

II. EDUCATIONAL INFORMATION

Please complete the following:

College or University	Degree	Date	Major	#Hrs

III. EXPERIENCE INFORMATION

Please document at least two years of work experience in the field of Mental Health:

Dates of Experience: From _____ to _____ Month/Year Month/Year
Place of Employment: _____
Program Address: _____
Exact Title of your Position: _____
Brief Description of Work: _____

Completion of this page is necessary only when the Supervisor needs more space to document experience.

Dates of Experience:	From _____ to _____
	Month /Year Month/Year
Place of Employment: _____	
Program Address: _____	

Exact Title of your Position: _____	
Brief Description of Work: _____	

Dates of Experience:	From _____ to _____
	Month /Year Month/Year
Place of Employment: _____	
Program Address: _____	

Exact Title of your Position: _____	
Brief Description of Work: _____	

Dates of Experience:	From _____ to _____
	Month /Year Month/Year
Place of Employment: _____	
Program Address: _____	

Exact Title of your Position: _____	
Brief Description of Work: _____	

CHAPTER 9 - CONTINUED

Section 2: Directions and Forms for Upgrade Application (CMHT or LCMHT)

- A. Read all directions and Upgrade Application forms/materials before beginning the upgrade application process, as the required Application Fee is nonrefundable.
- B. The responsibility for upgrading in a timely fashion is that of the provisional certificent. See Chapter 3, Section 2, B., p. 8, of this document for more information on time limitations.
- C. Directions
 - (1) The concept of Upgrading is defined in Chapter 1, Section 5, Z., p. 3, of this document.
 - (2) Requirements for upgrading to CMHT or LCMHT are explained in Chapter 3, Sections 1-6, pp. 7-15, of this document.
 - (3) General directions applicable to the upgrade application process are found in Chapter 4, Section 1, pp. 19-23, of this document.
 - (4) Specific directions for upgrading to full certification (CMHT) are found in Chapter 4, Section 3, pp. 24-25, of this document.
 - (5) Specific directions for upgrading to licensure (LCMHT) are found in Chapter 4, Section 4, pp. 25-26, of this document.
 - (6) Directions are also found at the top of each form. Careful reading and following of these instructions will reduce the possibility of a delay in the processing of your application.
 - (7) An Upgrade Application Checklist listing the required components of an Upgrade application packet is provided for the applicant's convenience on pp. 59-60 of this document.
- D. Forms

The following forms used for an **Upgrade Application** are provided in this chapter.

- (1) Upgrade Application Form (pp. 61-62)
- (2) Upgrade Verification of Employment Form (p. 63)
- (3) Upgrade Verification of Experience Form (pp. 64-66)
- (4) Supervisor Vita (Optional) (pp. 67-68)
 See the NOTE at the bottom of p. 47 for more info on the Supervisor Vita.
- (5) Upgrade Verification of Inservice/Training Form (p. 69)

Upgrade Application Checklist (CMHT)

1. All upgrade application packets must contain the following items:

☐ **A notarized, completed Upgrade Application Form**

This two-page form is to be completed by the Applicant and notarized.

☐ **A completed Upgrade Verification of Employment Form**

This one-page form is to be completed, sealed in an envelope and signed across the envelope's seal by the Personnel Officer at the Applicant's current place of employment.

2. The inclusion of the following item will vary depending on the Applicant's need to report verified experience. (Note: Individuals who reported the appropriate amount/type of experience at the time of provisional application do not need to submit this form.)

☐ **Completed Upgrade Verification of Experience Form(s)**

When applying to upgrade to CMHT, the balance of verified experience needed to document two years of appropriate experience must be included. The Applicant is responsible for completing Section I of the three-page Upgrade Verification of Experience Form and forwarding ALL THREE PAGES of the form to the Supervisor. The Supervisor is expected to complete Section II, to seal the entire three-page form and his/her vita, if required, in an envelope and to sign across the envelope's seal. The Supervisor should then return the signed and sealed envelope to the Applicant for inclusion in the upgrade application packet.

3. **Regarding the Mental Health Therapist (MH) Credentialing Examination (MH-CTP) Reporting Requirement:**

Even though successful completion of the Mental Health Therapist Examination (MH-CTP) is required to upgrade from PCMHT, please remember that there is no Mental Health Therapist Examination (MH-CTP) reporting requirement for a PCMHT applying to upgrade his/her credential. The Division of Professional Licensure and Certification maintains the Mental Health Therapist Examination (MH-CTP) record for each PCMHT. Progress on the Mental Health Therapist Examination (MH-CTP) is reported to the PLACE Review Board with each appropriate upgrade application and is part of the Review Board's upgrade application evaluation.

4. Mail your complete upgrade application packet to:

Mississippi Department of Mental Health
Division of Professional Licensure and Certification
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201

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UPGRADE APPLICATION FORM (CMHT or LCMHT)

(To be completed by the Applicant)

I am applying to upgrade to the following Department of Mental Health professional credential:

- ☐ Certified Mental Health Therapist (CMHT)
☐ Licensed Clinical Mental Health Therapist (LCMHT)

-Personal and Educational Information-

Directions: Please print or type all information, filling in every blank.

☐ Mr.

1.a. Name: ☐ Ms.

☐ Dr.

(Type or Print name as it should appear on certificate)

b. Name(s) used on Transcripts/Records if different from above:

2. Social Security Number:

3. Driver's License Number:

(if different)

4. Date of Birth:

5. Gender:

☐ Male

☐ Female

6. Home Address:

(Street or P.O. Box)

(Telephone)

(City)

(State)

(Zip Code)

(County)

7. Place of Employment:

8. Business Address:

(Street or P.O. Box)

(City)

(State)

(Zip Code)

(County)

()

()

(Business Telephone)

(Business Fax)

9. Education: List applicable graduate-level work
not previously submitted

College or University	Degree	Date	Major	#Hrs

10. Please indicate which:

▶ Official Transcript(s) are included in this application packet;

▶ Official Transcript(s) are being mailed directly to the Division:

Applicant Name: _____ **SSN:** _____

-Supervised Experience-

11. Only applicable supervised experience not previously submitted needs to be submitted as part of this upgrade application packet. Please indicate which Upgrade Verification of Experience forms are included in this upgrade application packet by listing names and titles of the Supervisors.

1. _____
(Name of Supervisor) (Title)
2. _____
(Name of Supervisor) (Title)
3. _____
(Name of Supervisor) (Title)

-Affidavit-

State of _____ County of _____

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements contained herein are true in every respect; that he/she will conform to the Principles of Ethical and Professional Conduct of the Mississippi Department of Mental Health; and, that he/she has read and understood this affidavit.

Signature of Applicant

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Notary Public

My commission expires _____
Date



Applicant Name: _____ SSN: _____

UPGRADE VERIFICATION OF EMPLOYMENT FORM (CMHT or LCMHT)

(To be completed by the Personnel Officer at the Applicant's current place of employment)

Directions: Upon completion, the Personnel Officer should seal the form in an envelope and sign his/her name across the envelope's seal. The signature on the envelope should match the signature on the enclosed form. The Personnel Officer should then return the sealed envelope to the **Applicant** for submission to the Division. **Please print or type all information, filling in every blank.**

1. Position:

I verify that _____ (_____)
(Name of the Applicant) (Date of Hire)

is employed at _____
(Place of Employment)

at _____ in the
(Complete Address of Place of Employment)

position of _____ ☐FT ☐PT at _____ %
(Applicant's Job Title) (Select one and indicate % if PT)

which includes the provision of services to individuals with mental illness/emotional disturbances.

2. Background Check:

As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? ☐Yes ☐No

If "No" was checked, please explain (include an attachment, if necessary):

3. Program Qualification:

a. Is your program certified/licensed by the Department of Mental Health ? ☐Yes ☐No

b. Does your program receive funding from/through the Department of Mental Health? ☐Yes ☐No

c. Is your program licensed by the Department of Health in addition to Department of Mental Health programmatic certification? ☐Yes ☐No

4. Program Phone Number () _____ Program Fax Number () _____

(Signature of Personnel Officer)

(Date)

Applicant Name: _____ **SSN:** _____

UPGRADE VERIFICATION OF EXPERIENCE FORM (CMHT or LCMHT)

Directions for Applicant:

This form may be duplicated for use with more than one Supervisor. The Applicant should complete **only** Section I below and **FORWARD ALL THREE PAGES OF THIS FORM TO YOUR SUPERVISOR FOR COMPLETION**. After completion, the Applicant should collect a sealed envelope (containing this form, etc.) with the Supervisor's signature across the envelope's seal from each Supervisor and submit it with the other required application materials to the Department of Mental Health (DMH) Division of Professional Licensure and Certification (Division). **Note that dates of supervised experience should always be expressed in dates indicating the month and year; terms such as "Present" or "Current" should not be used.**

SECTION I: (To be completed by the Applicant)

Please print or type all information, filling in every blank.

1. Applicant Name: _____
(Last) (First) (Maiden/MI)
2. Address: _____
(Street or P.O. Box)
- _____
(City) (State) (Zip Code) (County)
3. Telephone: () _____ Fax : () _____
() _____
4. I am applying for the following Department of Mental Health professional credential (check one):
☐ Certified Mental Health Therapist (CMHT)
☐ Licensed Clinical Mental Health Therapist (LCMHT)
5. Applicant's experience meeting the requirements for certification/licensure under this Supervisor:

Dates of Supervised Experience: From _____ to _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month/Year Month/Year </div>	
Place of Employment: _____ Program Address: _____ _____ _____ Exact Title of your Position: _____ Brief Description of Work: _____ _____ _____ Supervisor Name/Title: _____ Select one and indicate percentage if Part-Time: <input type="checkbox"/> Full-Time (40 hours/week) <input type="checkbox"/> Part-Time _____ %	

Applicant Name: _____ SSN: _____

SECTION II: (To be completed by the Supervisor)

Directions for Supervisor:

As part of the DMH Mental Health Therapist certification/licensure program, Supervisors are asked to verify an Applicant's experience in the field of mental health. **This three-page form should come to you with Section I completed by the Applicant.** Please complete Section II and seal all three pages of this form and your vita, if applicable, in an envelope. You should sign your name across the seal on the back side of the envelope and return it to the Applicant who is responsible for collecting all application materials and submitting one application packet. DMH Division staff will check to ensure that the signature across the seal matches the Supervisor's signature on the form. **This information will be kept confidential by the Division, although the Applicant may be informed by the Division as to whether the evaluation is generally favorable or unfavorable.** The information provided will not be reviewed unless all areas of this form are complete.

Supervisors should carefully consider their response to Item 15. If you do not currently hold a DMH CMHT or LCMHT credential, but are CMHT/LCMHT-eligible, you will need to also include a current vita in the same envelope. More information on CMHT/LCMHT eligibility can be found in Chapter 3, Section 5, p. 12 and in the note found at the bottom of p. 47.

Please print or type all information, filling in every blank.

6. Supervisor Name: _____
(Last) (First) (Maiden/MI)

7. Supervisor Title: _____

8. Address: _____
(Street or P.O. Box)

(City) (State) (Zip Code)

9. Telephone: () _____ Fax: () _____
() _____

10. In what capacity have you supervised the Applicant?

- | | |
|---|---|
| <input type="checkbox"/> Immediate Supervisor | <input type="checkbox"/> Supervisor of the Immediate Supervisor |
| <input type="checkbox"/> Program's Executive Director | <input type="checkbox"/> Chair of Governing Board/Commission |

11. The Applicant was under your supervision during the following employment period:

From _____ To _____
(Month/Year) (Month/Year)

12. At the time of supervision, the Applicant's employment was (check only one):

- ☐ Full-Time (40 hours/week)
☐ Part-Time at _____ %
☐ Graduate-Level Internship or Practicum

Applicant Name: _____ **SSN:** _____

13. Describe professional duties the Applicant performed under your supervision: _____

14. Please check one of the following statements (check only one and attach explanation if you select the second or third option):

- ☐ **I recommend**, without reservation, that the Applicant be considered for certification/licensure.
- ☐ As described in the attached explanation, I recommend, with some reservations, that the Applicant be considered for certification/licensure. ☐ Explanation Attached
- ☐ As described in the attached explanation, I do **not** recommend that the Applicant be considered for certification/licensure. ☐ Explanation Attached

15. In accordance with the Rules and Regulations of Mental Health Therapist certification/licensure, I am qualified to serve as a Supervisor because I am not a member of the Applicant's immediate family and because I meet one of the following requirements (check one):

- ☐ I hold a professional credential as a Department of Mental Health Certified Mental Health Therapist (CMHT).
- ☐ I hold a professional credential as a Department of Mental Health Licensed Clinical Mental Health Therapist (LCMHT).
- ☐ I hold a professional credential as a Department of Mental Health Licensed Mental Health/Mental Retardation Administrator (LMH/MRA).
- ☐ I am the Chairperson of the following governing Board or Commission: _____
- ☐ I am eligible to hold either the Department of Mental Health CMHT or LCMHT professional credential **and have attached a vita proving this eligibility**

I have read the foregoing statements and any document(s) attached, and to the best of my knowledge, the information contained in this form is true and correct.

(Signature of Supervisor)

(Date)

Applicant Name: _____ **SSN:** _____

SUPERVISOR VITA (Optional)

Directions: This form may be submitted by a CMHT/LCMHT-eligible Supervisor rather than a personal vita/resume. (More information on CMHT/LCMHT eligibility can be found in Chapter 3, Section 5, p. 12 and in the note found at the bottom of p. 47.) The Supervisor's vita should be included in the same envelope as the Upgrade Verification of Experience Form.

I. PERSONAL INFORMATION

Name: _____ **Title:** _____

Current Mailing Address: _____

Home Telephone: (____) _____ **Business Telephone:** (____) _____

Fax: (____) _____

II. EDUCATIONAL INFORMATION

Please complete the following:

College or University	Degree	Date	Major	#Hrs

III. EXPERIENCE INFORMATION

Please document at least two years of work experience in the field of Mental Health:

Dates of Experience: From _____ to _____ Month/Year Month/Year
Place of Employment: _____ Program Address: _____ _____ Exact Title of your Position: _____ Brief Description of Work: _____ _____ _____ _____ _____ _____ _____

Completion of this page is necessary only when the Supervisor needs more space to document experience.

Dates of Experience:	From _____ to _____
	Month /Year Month/Year
Place of Employment: _____	
Program Address: _____	
Exact Title of your Position: _____	
Brief Description of Work: _____	

Dates of Experience:	From _____ to _____
	Month /Year Month/Year
Place of Employment: _____	
Program Address: _____	
Exact Title of your Position: _____	
Brief Description of Work: _____	

Dates of Experience:	From _____ to _____
	Month /Year Month/Year
Place of Employment: _____	
Program Address: _____	
Exact Title of your Position: _____	
Brief Description of Work: _____	

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CHAPTER 9 - CONTINUED

Section 3: Directions and Forms for Biennial Renewal (CMHT and LCMHT)

- A. Read all directions and Renewal Application forms/materials before beginning the renewal process, as the required Renewal Fee is non-refundable.
- B. The responsibility for timely renewal is that of the certificant/licensee. Please see Chapter 5, Section 1, A. and B., p. 29, of this document for more information on this responsibility.
- C. Directions
 - (1) Information on renewal requirements and the renewal application process is found in Chapter 5, p. 29-35, of this document.
 - (2) Individuals who hold CMHT and who wish to upgrade to LCMHT rather than renew CMHT are required to follow the provisions described in Chapter 5, Section 1, E., p. 30, of this document.
 - (3) Only full certification or licensure is renewable; **provisional certificants do not renew.**
 - (4) Further instructions needed for renewal will be included in a renewal notice to be mailed to each individual holding full certification (CMHT) or licensure (LCMHT) prior to the renewal deadline.
- D. Forms
 - (1) Every two years, each person holding full certification or licensure is required to renew. S/he must complete and submit the forms/materials/fees indicated in the official renewal notice packet.
 - (2) All forms necessary for renewal are included in the official renewal notice packet to be mailed to each CMHT and LCMHT prior to the renewal deadline.
 - (3) For the convenience of Renewal Applicants, a Renewal Verification of Inservice/ Training Form has been included for use in maintaining personal training records during the two-year Certification/Licensure Period. This form is found on p. 71.

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